

Page 286

1 IN THE UNITED STATES COURT
2 NORTHERN DISTRICT OF OHIO
3 EASTERN DIVISION

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6 IN RE: NATIONAL PRESCRIPTION MDL NO. 2804
7 OPIATE LITIGATION

8 Case no.

9 17-mdl-284

10 Judge Dan Polster

11
12 This document relates to:

13 The County of Cuyahoga, Ohio, et al.,

14 v.

15 Purdue Pharma L.P., et al.,

16 Case No. 1:18-OP-45090 (N.D. Ohio)

17 ~ ~ ~ ~ ~

18 Continued deposition of

19 SCOTT MORAN, VOLUME II

20 PORTIONS OF THE TRANSCRIPT ARE DESIGNATED

21 CONFIDENTIAL

22 March 27, 2019

23 8:08 a.m.

24 Taken at:

25 Ulmer & Berne

 1660 W. Second Street

 Cleveland, Ohio

 Wendy L. Klauss, RPR

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2 (Pages 287 - 290)

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<p>1 Cleveland Police HIDI 2 Response Form, Beginning 3 with Bates Label CLEVE 4 003180904 5 Exhibit 29 Designated Confidential, 342 6 Attorney Eyes Only, 7 Cleveland Police HIDI 8 Response Form, Beginning 9 with Bates Label CLEVE 10 003180880 11 Exhibit 30 Designated Confidential, 345 12 Attorney Eyes Only, 13 Cleveland Police HIDI 14 Response Form, Beginning 15 with Bates Label CLEVE 16 003180873 17 Exhibit 31 Designated Confidential, 349 18 Attorney Eyes Only, 19 Cleveland Police HIDI 20 Response Form, Beginning 21 with Bates Label CLEVE 22 003181107 23 Exhibit 32 Designated Confidential, 353 24 Attorney Eyes Only, 25 Cleveland Police HIDI Response Form, Beginning with Bates Label CLEVE 003180898</p>	<p>Page 291</p> <p>1 MR. MILLER: Hayden Miller, Ropes & 2 Gray, on behalf of Mallinckrodt LLC and SpecGx 3 LLC. 4 MR. GOLDSTEIN: Josh Goldstein, 5 Ropes and Gray, on behalf Mallinckrodt LLC and 6 SpecGx LLC. 7 MR. ZIPP: John Zipp, of Covington 8 & Burling, on behalf of McKesson Corporation. 9 MR. ROMAN: Neil Roman, Covington 10 Burling, also on behalf of McKesson. 11 Who is on the phone, please? 12 MS. CAIN-MANNIX: This is Moira 13 Cain-Mannis, from Marcus & Shapira, for HBC 14 Services Company. 15 BY MR. ROMAN: 16 Q. Good morning again, Det. Moran. 17 How are you? 18 A. Good morning. I'm well. 19 Q. Is there any reason you cannot give 20 complete and truthful testimony today? 21 A. There is not. 22 Q. Have you had an opportunity to 23 review the transcript of your first deposition, 24 which was taken on December 20 of last year? 25 A. It was provided. I briefly</p>
<p>1 SCOTT MORAN, of lawful age, called 2 for examination, as provided by the Statute, 3 being by me first duly sworn, as hereinafter 4 certified, deposed and said further as 5 follows: 6 EXAMINATION OF SCOTT MORAN 7 BY MR. ROMAN: 8 MR. ROMAN: Thank you. Maybe we 9 should go around the room and do appearances, 10 please. 11 MR. CLUFF: Sure. I'm Sterling 12 Cluff, from the law firm of Baron & Budd, 13 representing the City of Cleveland. 14 MR. WINKELMAN: Steven Winkelmann, 15 Covington & Burling, representing McKesson 16 Corporation. 17 MS. OCHMAN: Patricia Ochman, Jones 18 Day, for Walmart. 19 MR. MOYLAN: Daniel Moylan, 20 Zuckerman Spaeder, for CVS. 21 MR. SCHOCK: Andrew Schock, Jackson 22 Kelley, AmeriSourceBergen Corporation. 23 MR. WHITESELL: Jeff Whitesell, 24 from Tucker Ellis, on behalf of Johnson & 25 Johnson and Jansen.</p>	<p>Page 292</p> <p>1 reviewed some of it. 2 Q. And was there anything in there 3 that you would like to change, anything in 4 there that struck you as incorrect, incomplete, 5 or otherwise? 6 A. No. 7 Q. Do you know, did you prepare any 8 errata, any changes to the transcript; did you 9 review it and make any handwritten changes? 10 A. No. 11 Q. But you did review it? 12 A. Yeah. Briefly. 13 Q. And separate and apart from the 14 preparation you did for that first deposition, 15 have you done any preparation for your 16 deposition today? 17 A. Just an initial speak about what 18 this deposition is going to entail. 19 Q. And that was with Mr. Cluff? 20 A. Yes, sir. 21 Q. Anybody else present? 22 A. No. 23 Q. And when did you meet with 24 Mr. Cluff? 25 A. Spoke on the phone yesterday and</p>

<p style="text-align: right;">Page 295</p> <p>1 met this morning.</p> <p>2 Q. And how long did you speak on the</p> <p>3 phone with him?</p> <p>4 A. It wasn't long, five, ten minutes.</p> <p>5 Q. And it's early this morning, so you</p> <p>6 probably didn't meet very long this morning?</p> <p>7 A. No.</p> <p>8 Q. Was anyone else present when you</p> <p>9 met with Mr. Cluff this morning?</p> <p>10 A. No, sir.</p> <p>11 Q. Anyone else on the phone when you</p> <p>12 talked to him yesterday?</p> <p>13 A. No.</p> <p>14 Q. Have you discussed the expected</p> <p>15 substance of your testimony today with anybody</p> <p>16 besides Mr. Cluff?</p> <p>17 A. No.</p> <p>18 Q. Have you reviewed any transcripts</p> <p>19 of any depositions, other than your own?</p> <p>20 A. No.</p> <p>21 Q. And have we exhausted what you have</p> <p>22 done for your deposition today?</p> <p>23 A. I'm sorry?</p> <p>24 Q. Have we exhausted what you have</p> <p>25 done to prepare for your deposition today?</p>	<p style="text-align: right;">Page 297</p> <p>1 identifying health information, but after the</p> <p>2 fact.</p> <p>3 MR. ROMAN: Thank you.</p> <p>4 Q. Det. Moran, I have handed you what</p> <p>5 has been marked as Moran Exhibit 20. It is a</p> <p>6 one-page document bearing production number</p> <p>7 CLEVE 003181038. Have you seen this document</p> <p>8 before?</p> <p>9 A. I have.</p> <p>10 Q. And this is a Cleveland Police HIDI</p> <p>11 response form completed by you, correct?</p> <p>12 A. Actually, my supervisor filled the</p> <p>13 information out on this particular case, that's</p> <p>14 not my handwriting, but the detective assigned</p> <p>15 to the case is myself. I was present when it</p> <p>16 was filled out though.</p> <p>17 Q. When you were talking last time</p> <p>18 about Cleveland Police HIDI Response Forms,</p> <p>19 this is an example of such a form, correct?</p> <p>20 A. Yes, sir.</p> <p>21 Q. And if I refer to it as a HIDI</p> <p>22 response form, you will understand that this is</p> <p>23 what I'm referring to?</p> <p>24 A. I will.</p> <p>25 Q. Can you please go through this form</p>
<p style="text-align: right;">Page 296</p> <p>1 A. You have.</p> <p>2 Q. Okay. Do you recall last time,</p> <p>3 Det. Moran, you testified that when you arrive</p> <p>4 at an overdose scene, you fill out a Cleveland</p> <p>5 Police Department HIDI response form; do you</p> <p>6 recall that testimony?</p> <p>7 A. I do.</p> <p>8 - - - - -</p> <p>9 (Thereupon, Deposition Exhibit 20,</p> <p>10 Designated Confidential, Attorney</p> <p>11 Eyes Only, Cleveland Police HIDI</p> <p>12 Response Form, Beginning with Bates</p> <p>13 Label CLEVE 003181038, was marked</p> <p>14 for purposes of identification.)</p> <p>15 - - - - -</p> <p>16 Q. Det. Moran --</p> <p>17 MR. CLUFF: For the record, this</p> <p>18 looks like a group of these documents, HIDI</p> <p>19 response forms, that was recently produced --</p> <p>20 these were produced by the City of Cleveland</p> <p>21 without redaction in order to get them out as</p> <p>22 quickly as possible.</p> <p>23 We are going to reserve our right</p> <p>24 to redact victim-identifying information, just</p> <p>25 to protect their identity and personal</p>	<p style="text-align: right;">Page 298</p> <p>1 with me and tell me what information is</p> <p>2 reflected, starting with the RMS number. What</p> <p>3 does that refer to?</p> <p>4 A. RMS number is the Cleveland police</p> <p>5 incident number. It is generated by Cleveland</p> <p>6 police radio. It's given to the responding</p> <p>7 zone car that's responding for the initial</p> <p>8 police report. So that's just the initial</p> <p>9 report that's going to be generated.</p> <p>10 Q. And what does the date refer to?</p> <p>11 A. That's the date of the current.</p> <p>12 Q. That's the date that you received</p> <p>13 the call?</p> <p>14 A. Yes.</p> <p>15 Q. And then I think fatal and</p> <p>16 nonfatal, you check one of those two boxes?</p> <p>17 A. One or the other.</p> <p>18 Q. And what is the time, is that the</p> <p>19 time you arrive at the scene?</p> <p>20 A. That's the time that the initial</p> <p>21 zone car, the initial black-and-white</p> <p>22 responding unit receives the call.</p> <p>23 Q. Date and time of the death is</p> <p>24 probably self-explanatory?</p> <p>25 A. To a certain extent. I like to try</p>

<p style="text-align: right;">Page 299</p> <p>1 to put when we believe the person died. Some 2 of the other detectives will put the actual 3 pronounced time of death. But you could have a 4 body that had been there for a couple days. 5 For my cases though, I like to put when they 6 might have been last seen, based on phone calls 7 and whatnot.</p> <p>8 Q. District, that's the Cleveland 9 Police District; is that right?</p> <p>10 A. Yes, sir.</p> <p>11 Q. And what does Z/C stand for?</p> <p>12 A. That's the responding zone car. 13 That is their zone car number.</p> <p>14 Q. And hospital, what does that refer 15 to?</p> <p>16 A. Hospital is generally for the 17 nonfatal overdoses, the hospital we respond to. 18 Sometimes you could have a fatal overdose for 19 someone who was transported to the hospital 20 that might have passed away in a certain 21 hospital.</p> <p>22 In this particular incident, Sgt. 23 Baeppler, B-A-E-P-P-L-E-R, filled this out. He 24 just put the medic that pronounced the time of 25 death at the hospital.</p>	<p style="text-align: right;">Page 301</p> <p>1 A. Yeah. We don't fill that line in. 2 That's if for some reason there is a follow-up 3 and we conduct a buy from the target that sold 4 the drugs that potentially killed someone, that 5 would be in that line, but generally that line 6 is not filled out.</p> <p>7 Q. The next block of information is 8 the victim information; do you see that?</p> <p>9 A. Yes.</p> <p>10 Q. And if it's a fatal case where 11 there is a fatality, who supplies the 12 information that goes into victim information? 13 Like the victim's name here and the 14 Social Security Number, where did you get that, 15 where did Sgt. Baeppler get that?</p> <p>16 A. I'm not quite sure I'm following 17 where you are going. Obviously, if there is a 18 family member and they tell us who that person 19 is and we are able to confirm through pulling 20 up a BMV photo, or if there is a driver's 21 license by that person.</p> <p>22 Obviously there is times where we 23 may have a body in a vacant house with no ID, 24 and we don't know who that body is until the 25 medical examiner is able to run fingerprints to</p>
<p style="text-align: right;">Page 300</p> <p>1 Q. That's medic 33?</p> <p>2 A. Yes, sir. And then to add to that, 3 if it's a nonfatal overdose, underneath that 4 line, we will usually put on the milligrams of 5 Narcan that's required.</p> <p>6 Q. How do know that it was Sgt. 7 Baeppler who completed this form?</p> <p>8 A. I recall this case. It was just 9 him and myself that responded, and I'm familiar 10 with his handwriting.</p> <p>11 Q. And are there certain times when 12 you fill it out, as opposed to someone else?</p> <p>13 A. I prefer, if I'm the detective on 14 the case, I prefer to fill out my own. On this 15 particular case, I believe he got to the scene 16 before I did.</p> <p>17 Q. The incident location is where the 18 person -- where you go to find the person, 19 correct?</p> <p>20 A. That's where the incident occurred. 21 However, if they are transported to a hospital, 22 obviously the hospital goes there, but that's 23 where the actual overdose occurred.</p> <p>24 Q. And the buy location, what does 25 that refer to?</p>	<p style="text-align: right;">Page 302</p> <p>1 confirm that.</p> <p>2 So if you are confident on who that 3 person is, at the time of the incident that box 4 is filled in. It may take a couple of days for 5 the ME's office to identify that person. That 6 box may not be filled in until there was 7 positive identification.</p> <p>8 Q. Then you have a block of 9 information for interviews; do you see that?</p> <p>10 A. Yes, sir.</p> <p>11 Q. And, well, tell me what information 12 you provide there?</p> <p>13 A. That could generally be the 14 reporting person that found the body. It could 15 be, if it's a nonfatal overdose -- this is 16 obviously a fatal. If it is a nonfatal, it 17 could be a mother that said, hey -- that's 18 providing the information, someone that we 19 interview.</p> <p>20 Q. And so every time you interview 21 someone, you provide -- you include that 22 information in the interview section of your 23 reports; is that right?</p> <p>24 A. Yes.</p> <p>25 Q. And if there is nobody, if there is</p>

<p style="text-align: right;">Page 303</p> <p>1 no information in the interview section, that 2 means you didn't talk to anybody? 3 A. Yeah. It could also not even 4 necessarily mean that they weren't actually 5 interviewed. It might have been the person 6 that found the body. Instead of pulling the 7 whole police report and scanning through it, 8 this is a quick guide, that this is the phone 9 number, we can call this person.</p> <p>10 Q. And if there is no information 11 provided in the interview block, nobody's name 12 is included, no contact information, does that 13 mean you did not talk to anybody about the 14 incident?</p> <p>15 A. Correct.</p> <p>16 Q. And then the suspect information, 17 that block, where do you get that information?</p> <p>18 A. That information could be at the 19 time of the incident. If we see a cell phone 20 and there is a phone number, we may not have a 21 suspect name, but we could have a suspect phone 22 number in there.</p> <p>23 It could be something, where if 24 there is a surviving victim, it is not uncommon 25 for one person to live and one to die. If the</p>	<p style="text-align: right;">Page 305</p> <p>1 collect evidence. 2 Q. Which would include what? 3 A. Crack and heroin. DNA would mean 4 did we submit the item for DNA analysis. In 5 this particular case, there was packaging, so 6 we submitted the packaging for a DNA analysis. 7 Needle, this particular person 8 opted to use a needle to inject his heroin. We 9 recovered the needle on this particular case. 10 Photos, we take photos of every 11 fatal overdose, as long as there is an 12 opportunity. So yes, in this case photos were 13 taken. 14 Packaging obviously means in this 15 particular case the heroin came in packaging. 16 It's not uncommon for heroin not to come in 17 packaging though. It could just be loose on a 18 table. So this particular case packaging was 19 recovered. 20 Q. Could I stop you there for a 21 second. 22 What type of packaging would heroin 23 come in? 24 A. That's a great question. It could 25 come in anything. Some dealers, years ago,</p>
<p style="text-align: right;">Page 304</p> <p>1 person that survives says, "Hey we got the 2 drugs from so and so," that information would 3 go in that block.</p> <p>4 Q. Then there is a block for 5 additional information; do you see that?</p> <p>6 A. I do.</p> <p>7 Q. And what information do you 8 typically put in that block?</p> <p>9 A. Just information that will help us, 10 once that information goes into that Case 11 Explorer program that I described. In this 12 particular instance, we recovered crack and 13 heroin. Some other information that could go 14 in there is if we recovered a cellphone, or if 15 a neighbor says, "I saw a black car at the 16 house two days ago." Whatever information that 17 we could use to go back to when we input that 18 information into our Case Explorer program.</p> <p>19 Q. Then there are a series of eight 20 yes-or-no questions are entries; do you see 21 that?</p> <p>22 A. I do.</p> <p>23 Q. Can you please explain what each of 24 these refers to?</p> <p>25 A. Evidence, which means that we</p>	<p style="text-align: right;">Page 306</p> <p>1 took pride and would stamp it. It could come 2 in just a folded-up piece of paper. It could 3 come in a receipt, come in a lottery ticket, it 4 could come in just about everything. 5 Typically, it is a piece of paper 6 with six to eight folds, and we are trained to 7 look for those folds. We know what to look for 8 and how it's packaged. 9 Q. Got it. 10 A. Keep going? 11 Q. Yes, please. 12 A. Cellphone, in this particular case 13 we recovered a cellphone. If it is locked, 14 there is another line that says lock code. If 15 there a family member that is there and happens 16 to know that lock code, we will put that lock 17 code in that line. 18 Supplement, you know, these are -- 19 they are fluid cases. You know, this is like 20 the initial responding. If a supplemental 21 report is going to be generated, we put yes 22 there. 23 And indicted, if there is going to 24 be an indictment -- I'm sorry. I skipped a 25 line.</p>

<p style="text-align: right;">Page 307</p> <p>1 Referral/admitted, that refers to a 2 nonfatal overdose. We are able to get addicts 3 into treatment if they so desire. So referral 4 or admitted means if we are able to get that 5 nonfatal overdose into a treatment program. So 6 that's that line.</p> <p>7 And an indictment, obviously, if 8 there is going to be an indictment, a 9 prosecution on the case, there would be 10 something on that line.</p> <p>11 Q. The detective assigned in this case 12 was you?</p> <p>13 A. Yes, sir.</p> <p>14 Q. And you always complete one of 15 these response forms when you arrive at an 16 overdose scene, correct?</p> <p>17 A. Yes.</p> <p>18 Q. Do you also complete one of these 19 forms when you go to the hospital to see an 20 overdose victim?</p> <p>21 A. A nonfatal overdose?</p> <p>22 Q. Yes.</p> <p>23 A. Yes.</p> <p>24 Q. But you don't when you go to the 25 hospital where there is a fatal overdose,</p>	<p style="text-align: right;">Page 309</p> <p>1 you note whether or not there were prescription 2 pills found on the scene; do you recall that 3 testimony?</p> <p>4 A. I do.</p> <p>5 Q. And it's true, is it not, that 6 every time you find prescription pills on the 7 scene, you include that in the response form, 8 correct?</p> <p>9 A. I don't know if every time, 10 honestly. If there is -- if it is a possible 11 prescription pill overdose, there is bottles by 12 the body, we will note it. Specifically every 13 time, I don't know if it's on there every time.</p> <p>14 Q. In what circumstances would you not 15 note it on the response form, where you have 16 actually found prescription pills?</p> <p>17 A. I mean, I can't speak for every 18 detective.</p> <p>19 Q. I'm just asking about you.</p> <p>20 A. Me, it depends on what the pills 21 are, where the pills are located. Generally, 22 the medical examiner confiscates, or takes any 23 pills that are found on scene, so it is going 24 to be noted in their report what's collected. 25 So it kind of depends on the scene.</p>
<p style="text-align: right;">Page 308</p> <p>1 correct?</p> <p>2 A. No. We still do this form.</p> <p>3 Q. So you do this in every instance?</p> <p>4 A. Every instance.</p> <p>5 Q. Hospital and also on the street?</p> <p>6 A. Yes, sir. And then that 7 information is inputted into the Case Explorer 8 program.</p> <p>9 Q. Okay. Is there information that's 10 in these response forms that does not make it 11 into Case Explorer, and is there information in 12 Case Explorer that's not in these response 13 forms?</p> <p>14 A. There is probably information in 15 Case Explorer that's not on the response forms.</p> <p>16 This is notes at the scene, just 17 real quick. Obviously, in Case Explorer, there 18 is a paragraph where we type out. You know, I 19 don't put just crack, heroin recovered. I 20 responded to the address, found the body. It 21 is more of a paragraph report.</p> <p>22 Q. More of a narrative?</p> <p>23 A. Yes, sir.</p> <p>24 Q. Now, the last time you testified 25 that when you fill out these response forms,</p>	<p style="text-align: right;">Page 310</p> <p>1 It is a case-by-case scenario. If there are 2 pill bottles by the body, I will note that and 3 put it in the response form.</p> <p>4 Q. If you find a prescription opioid, 5 as opposed to, let's say, hay fever, 6 prescription hay fever pill, but you have a 7 prescription opioid at the scene, will you 8 always note that on the response form?</p> <p>9 A. I can't say "always." I mean, if 10 there is a needle sticking in the guys arm and 11 there is a big bag of dope right by him, we are 12 pretty confident that it is going to be a 13 heroin overdose, and then the medical examiner 14 is going to note that there is prescription 15 pills on the scene.</p> <p>16 Q. And where would the -- would the 17 medical examiner's notes then be included in 18 ODMap in Case Explorer.</p> <p>19 A. No. They generate their own 20 reports.</p> <p>21 Q. Now, I believe you also 22 testified -- well, let me just ask this: In 23 all your overdose investigations, fatal and 24 nonfatal, do you always ask the person about 25 the person who overdosed's drug history, either</p>

<p style="text-align: right;">Page 311</p> <p>1 in the case of a nonfatal, ask the person who 2 overdosed or in the case of a fatal, you know, 3 some family member or friend?</p> <p>4 A. I try to. I try to. There are 5 instances where people don't want to talk to 6 us. If I am able to establish a dialogue with 7 the person, then I try to build a rapport and 8 get into their history.</p> <p>9 Q. And you always try and do that?</p> <p>10 A. I try to, absolutely.</p> <p>11 Q. And you pretty much succeed most 12 every time, do you think?</p> <p>13 A. I don't know. I succeed sometimes, 14 sometimes I don't. I don't keep -- I couldn't 15 tell you percentages.</p> <p>16 I mean, when I interview someone, I 17 try to build a rapport. I want them to trust 18 me, not just for that case, but things down the 19 road. So during that rapport-building process, 20 I will try to get into a history of how they 21 started.</p> <p>22 Q. Right. In fact, one of the things 23 about that drug history that you try and get is 24 how exactly that person got started, correct?</p> <p>25 A. I try to find out, yes.</p>	<p style="text-align: right;">Page 313</p> <p>1 notes to go by, prior to the narrative going 2 into Case Explorer. So I would note it on 3 here, and then put it in the narrative of Case 4 Explorer.</p> <p>5 Q. Det. Moran, I'm handing you what 6 has been marked as Moran 21. I hope you 7 brought your reading glasses.</p> <p>8 A. I almost forget them, but I 9 remembered.</p> <p>10 - - - - -</p> <p>11 (Thereupon, Deposition Exhibit 21, 12 54-Page Document, Natively Produced 13 as Bates Number 001479368, was 14 marked for purposes of 15 identification.)</p> <p>16 - - - - -</p> <p>17 Q. I'm also handing you Moran 22, 18 which is likewise small writing and lots of 19 pages.</p> <p>20 - - - - -</p> <p>21 (Thereupon, Deposition Exhibit 22, 22 138-Page Document, Produced Natively 23 At Bates 002404458, was marked for 24 purposes of identification.)</p> <p>25 - - - - -</p>
<p style="text-align: right;">Page 312</p> <p>1 Q. And so you always ask if he or she 2 started on prescription pills, right?</p> <p>3 A. Not always. Again, if the dialogue 4 takes me that direction, I will ask that.</p> <p>5 Q. But that's what you are trying to 6 figure out, among other things, correct?</p> <p>7 A. Just how they got started on the 8 opioid abuse.</p> <p>9 Q. And then you put down what you 10 learn about the person's drug history on these 11 forms, the HIDI response forms, and then 12 ultimately in ODMap in Case Explorer, correct?</p> <p>13 A. Yes, sir.</p> <p>14 Q. So if you learn that the person 15 started on prescription pills, you would note 16 that on the response forms and on ODMap in Case 17 Explorer, correct.</p> <p>18 MR. CLUFF: Objection. Compound.</p> <p>19 A. I would.</p> <p>20 Q. Let's break it up. So you would, 21 if you learned that a person started abusing 22 opioids by starting on prescription pills, you 23 would note that on a HIDI response form, 24 correct?</p> <p>25 A. I'll take a note. Again, these are</p>	<p style="text-align: right;">Page 314</p> <p>1 MR. CLUFF: It's colorful too. 2 MR. ROMAN: Yeah, I know.</p> <p>3 Q. So Exhibit 21 is a 54-page 4 document, and it was natively produced at Bates 5 number 001479368.</p> <p>6 Exhibit 22 is a 138-page document 7 produced natively at Bates 002404458.</p> <p>8 Det. Moran, I would like to ask you 9 whether you recognize these documents?</p> <p>10 A. Honestly, no, but I believe I would 11 know what the document is.</p> <p>12 Q. These are both from ODMap Case 13 Explorer, correct?</p> <p>14 A. I have never actually printed one 15 out, so I'm assuming that's what it's from, but 16 I've never seen it in this format before, 17 because I pull it on a computer.</p> <p>18 Q. Sure. So do you have any reason to 19 believe this is not information pulled from 20 ODMap in Case Explorer?</p> <p>21 A. I do not.</p> <p>22 Q. And I'll just note that for Exhibit 23 21, the dates run from February 27 of 2016 24 through February 2, 2017, and for Exhibit 22, 25 they run from January 2 of 2017 through</p>

<p style="text-align: right;">Page 315</p> <p>1 November 28 of 2017. So there is actually an 2 overlap of one month.</p> <p>3 MR. CLUFF: It looks like the top 4 left date on Exhibit 21 is 10-3-76, but I'm 5 guessing that is probably a typo in somebody's 6 entry.</p> <p>7 MR. ZIPP: If you look at the 8 narrative.</p> <p>9 MR. ROMAN: Thank you. Mr. Zipp 10 has pointed out that in the narrative, it makes 11 clear that it is October 3 of 16.</p> <p>12 MR. CLUFF: Do you know in their 13 native form whether these were marked with a 14 confidentiality designation?</p> <p>15 MR. ROMAN: I don't know, but we 16 are happy to treat these as confidential.</p> <p>17 MR. CLUFF: Okay. We will just 18 preserve whatever the confidentiality was in 19 the native form.</p> <p>20 MR. ROMAN: And along those lines, 21 we note that the names from Exhibit 21 have 22 been redacted, but they are not in Exhibit 22.</p> <p>23 MR. CLUFF: In Exhibit 22, if you 24 look over in the right third, it looks like 25 there is a victim's first name and last name</p>	<p style="text-align: right;">Page 317</p> <p>1 - - - - - 2 (Thereupon, Deposition Exhibit 23, 3 Collection of HIDI Response Forms, 4 was marked for purposes of 5 identification.) 6 - - - - -</p> <p>7 Q. This is a collection of HIDI 8 response forms; do you see that?</p> <p>9 A. I do.</p> <p>10 Q. And I can represent to you that at 11 least by our count, there are 317 of these 12 guys.</p> <p>13 A. Okay.</p> <p>14 Q. And they are all forms that appear 15 to have been completed by you, covering the 16 period 2017 to 2018, and if you could, kind of, 17 flip through and just quickly see if that's 18 correct. You don't need to look at every one, 19 obviously.</p> <p>20 A. It appears what you say is correct.</p> <p>21 Q. In fact, on some of these where it 22 says detective assigned, there will be the 23 number 1888; do you see that?</p> <p>24 A. Yes, sir.</p> <p>25 Q. And you are detective 1888?</p>
<p style="text-align: right;">Page 316</p> <p>1 column. Those are all redacted. Is that what 2 you are --</p> <p>3 MR. ROMAN: Right. Okay. I'm 4 sorry. We are talking about the entry, not 5 names, but let's move on here.</p> <p>6 Q. So you recall, Det. Moran, that we 7 marked similar spreadsheets as exhibits in your 8 first deposition, but those -- as Exhibits 2 9 and 3, but those exhibits did not include the 10 narrative sections; do you recall that?</p> <p>11 A. I believe so, yes.</p> <p>12 Q. In fact, that's one of the reasons 13 why we are here today.</p> <p>14 A. Okay.</p> <p>15 Q. Those narrative sections, that 16 includes the information that you learn about 17 the person's drug history, correct?</p> <p>18 A. Sure. Yes, if it is learned.</p> <p>19 Q. And again, that history would 20 include whether or not the person started on 21 prescription opioids, correct?</p> <p>22 A. If it is learned, yes.</p> <p>23 Q. We have one more big exhibit.</p> <p>24 Det. Moran, I'm handing you what 25 has been marked as Moran Exhibit 23.</p>	<p style="text-align: right;">Page 318</p> <p>1 A. Correct, that's my badge number.</p> <p>2 Q. And you prepared all these response 3 forms in the ordinary course of business, 4 correct, as part of your police duties?</p> <p>5 A. I mean, like there might be like 6 that particular instance where my supervisor 7 filled it out, there could be -- I mean, 8 without looking at every single document, the 9 majority of these are my sloppy handwriting, so 10 I would say the majority of these are mine, but 11 there is a chance that another detective could 12 have filled it out and I was assigned the case.</p> <p>13 Q. Those that have your sloppy 14 handwriting, those were prepared by you as part 15 of your police duties?</p> <p>16 A. Correct.</p> <p>17 Q. Now, 317 of these for 2017 and 18 2018, does that seem about the right number for 19 you, does that seem about the right number of 20 forms that you would have filled out during 21 that period?</p> <p>22 A. Myself or the unit?</p> <p>23 Q. Well, yourself, including cases in 24 which, for example, you are with Sgt. Baeppler.</p> <p>25 A. I still don't understand.</p>

<p style="text-align: right;">Page 319</p> <p>1 Q. These, as far as we could tell, 2 these were all the ones -- all the cases in 3 which you were involved?</p> <p>4 A. No.</p> <p>5 Q. So you think there should be more 6 of these?</p> <p>7 A. There could be other fatal 8 overdoses where there is another detective 9 that's the lead on it that I may have assisted 10 on.</p> <p>11 Q. And your name would not be included 12 among the detectives involved?</p> <p>13 A. It would have been. I believe this 14 stack came from my specific pool.</p> <p>15 Q. What do you mean by your "specific 16 pool"?</p> <p>17 A. What I specifically provided from 18 my desk.</p> <p>19 Q. These all came from your desk?</p> <p>20 A. Yes, I believe so. I would say so.</p> <p>21 Q. So it is possible that there were 22 other -- that there are other response forms 23 involving cases in which you responded, but 24 they are on somebody else's desk?</p> <p>25 A. However they did their filing</p>	<p style="text-align: right;">Page 321</p> <p>1 Klamert, K-L-A-M-E-R-T; there is a Det. Lake, 2 L-A-K-E; there is a Det. Dlugolski, common 3 spelling, D-L-U-G-O-L-S-K-I.</p> <p>4 And at one point, we had two other 5 detectives assigned to us. I'm not sure if it 6 is in that timeframe. They have been there 7 over a year, but it would be a Det. Schroeder, 8 S-C-H-R-O-E-D-E-R, and there is a Det. 9 Robinson, R-O-B-I-N-S-O-N.</p> <p>10 Q. Are these all the response forms 11 that were on your desk?</p> <p>12 A. Yes.</p> <p>13 Q. So did you fill out HIDI response 14 forms before 2017?</p> <p>15 A. Yes.</p> <p>16 Q. Where are those forms?</p> <p>17 A. We used to do files for cases, and 18 it just got to be too much to do. For me 19 personally, it just got to be too much to do 20 actual files, because it just took up too much 21 room. So I would just keep the response forms 22 handy, and kind of like by date, so I can refer 23 back to them. If there is a prosecutable case, 24 obviously then a case file was generated.</p> <p>25 There is cases that are followed up</p>
<p style="text-align: right;">Page 320</p> <p>1 system. I mean, in Case Explorer or whatnot.</p> <p>2 Q. So, for example, this one, Exhibit 3 20, where Sgt. Baeppler filled it out, how did 4 it end up on your desk?</p> <p>5 A. Sgt. Baeppler is a supervisor. He 6 doesn't do investigations. It's assigned to 7 me.</p> <p>8 Q. But he filled out the form. How 9 did you end up with it?</p> <p>10 A. I took the form. As I explained, 11 he just got to the scene prior to me and 12 started filling it out.</p> <p>13 Q. Okay. How many more cases do you 14 think you were involved in than these 317 in 17 15 and 18?</p> <p>16 MR. CLUFF: Objection.</p> <p>17 A. Honestly, I don't know. I mean, as 18 a unit, I think we responded to nearly a 19 thousand. So I don't know.</p> <p>20 Q. So where would the other 700 forms 21 be, do you think?</p> <p>22 A. Other detectives fill them out.</p> <p>23 Q. Which other detectives would those 24 be?</p> <p>25 A. We have Det. Cline, C-L-I-N-E; Det.</p>	<p style="text-align: right;">Page 322</p> <p>1 as a result of interviews, then case files are 2 generated. But I keep these at my desk, just 3 to go by, you know, if two months ago at 4 such-and-such, I can pull up the folder and 5 look at it.</p> <p>6 Q. But where, for example, say there 7 was one in June of 2016, where would that form 8 be?</p> <p>9 A. It could have been -- we used to do 10 a filing system in a filing cabinet. We used 11 to do actual case files for each overdose.</p> <p>12 Q. So is that in one of those filing 13 cabinets, would that be one of those filing 14 cabinets?</p> <p>15 A. It would be there, yes.</p> <p>16 Q. And how far back do they go, do you 17 know?</p> <p>18 A. We started doing fatal overdoses in 19 2013. We started doing nonfatals in 2014. I'm 20 not sure when we actually began doing this 21 actual form, I can't recall the exact date, but 22 that would go back to roughly 2014ish.</p> <p>23 Q. And do you know where those case 24 files are located?</p> <p>25 A. I imagine they would be in a filing</p>

<p style="text-align: right;">Page 323</p> <p>1 cabinet in the narcotics unit. 2 Q. Do you know who maintains that 3 filing cabinet? 4 A. What do you mean by "maintain"? 5 Q. Is there somebody who is in charge 6 of filing things in there? 7 A. We would -- back then, we would 8 just file our own cases by date, but again, the 9 numbers were so huge, that for myself 10 personally, it was just easier to keep a sheet, 11 and then if there was a follow-up to it, then I 12 would generate an actual case and attach 13 reports and whatnot. 14 Q. Now, as you recall when we spoke in 15 December, you testified that a high number of 16 those who overdosed started with prescription 17 opioids; do you recall? 18 A. I do. 19 Q. And that is still your belief and 20 testimony? 21 A. I do believe that, yes. 22 Q. Now, we went through these 317 HIDI 23 response forms for 2017 and 2018, and only 25 24 mentioned prescription pills. 25 A. Okay.</p>	<p style="text-align: right;">Page 325</p> <p>1 whatever day we are at now, it's not the same. 2 Does that make sense to you? 3 So as we began to become aware that 4 more information needed to go on the sheets, 5 the information would be reflected to the 6 sheets. 7 Q. And when did you start putting more 8 of that type of information on the sheets? 9 A. A year, two years ago, year and a 10 half ago, two years ago. I can't recall 11 exactly when. 12 Q. So probably sometime in 2017, you 13 think? 14 A. I would say so. 15 Q. That's not to say you never 16 included it before 2017, you just were more 17 diligent about it after 2017; is that right? 18 A. Yes. 19 Q. And do you have a sense of when in 20 2017 you started becoming more diligent? 21 A. I do not. 22 Q. It could have been January, it 23 could have been June? 24 A. Sir, I mean, this is just an 25 example of what I do. I mean, I stay busy. I</p>
<p style="text-align: right;">Page 324</p> <p>1 Q. Does that number surprise you? 2 A. I don't know how to answer that. 3 Some of the information -- I should stand back. 4 Some of the information that was 5 relayed may not have made it in. It started to 6 get put in towards the end. Some of the 7 information was just towards talking. 25, it 8 seems like it would be more to me. Maybe just 9 some of the information didn't make it on the 10 sheets. 11 Q. Well, if you were given that 12 information, it was your practice to put it in 13 the sheets, correct? 14 MR. CLUFF: Objection. Form. 15 Q. If you were given the information 16 about a person's drug history, including how 17 that person started on prescription opioids, 18 you would have put that information on the 19 sheet, right? 20 A. When we originally started doing 21 these, it was -- the goal was dealer 22 information, source of drugs, what kind of 23 drugs. 24 As our unit has slowly evolved into 25 more information, it's not from day one to</p>	<p style="text-align: right;">Page 326</p> <p>1 can't recall. 2 Q. That's clear you do. 3 - - - - - 4 (Thereupon, Deposition Exhibit 24, 5 Designated Confidential, Attorney 6 Eyes Only, Cleveland Police HIDI 7 Response Form, Beginning with Bates 8 Label CLEVE 003180887, was marked 9 for purposes of identification.) 10 - - - - - 11 Q. Det. Moran, I've handed you what 12 has been marked as Moran Exhibit 24. It is a 13 one-page document bearing production number 14 CLEVE 003180887. Have you seen this document 15 before? 16 A. I have. 17 Q. And this is -- I'll just tell you. 18 This one and the ones that follow are all from 19 this collection that's been marked as Exhibit 20 23. Just didn't want to have to try and figure 21 out where in the collection it was. 22 MR. CLUFF: Counsel, just one 23 second. So for 23 and then 24, which is an 24 excerpt from 23, we are going to maintain the 25 reservation to redact the personal identifying</p>

<p style="text-align: right;">Page 327</p> <p>1 health information of the victim. 2 MR. ROMAN: That's fine, and you 3 can do the same for future exhibits. 4 MR. CLUFF: Great. 5 Q. So this is one of your -- a 6 response form that you completed, correct? 7 A. Yes, sir. 8 Q. And it relates to a nonfatal 9 overdose scene to which you responded in 10 November of 2018, correct? 11 A. Correct. 12 Q. And at the bottom where it states 13 additional information, you write, "Claimed he 14 found pills while dumpster diving"; do you see 15 that? 16 A. I do. 17 Q. And so this is the victim reporting 18 to you how he found the pills on which he 19 overdosed, correct? 20 A. This is the story that he provided 21 to me at the hospital. 22 Q. Right. 23 A. Right. I have to do -- even if I 24 don't necessarily believe someone, I will 25 document what they reported to me, for the sake</p>	<p style="text-align: right;">Page 329</p> <p>1 has been marked as Moran Exhibit 25. 2 - - - - - 3 (Thereupon, Deposition Exhibit 25, 4 Designated Confidential, Attorney 5 Eyes Only, Cleveland Police HID 6 Response Form, Beginning with Bates 7 Label CLEVE 003180886, was marked 8 for purposes of identification.) 9 - - - - - 10 Q. So Exhibit 25, Det. Moran, is a 11 one-page document bearing production number 12 Cleveland 003180886. Have you seen this 13 document before? 14 A. I have. 15 Q. And this is another one of your 16 response forms. It relates to a nonfatal 17 overdose, also from November of 2018, correct? 18 A. Correct. 19 Q. Can you please read the additional 20 information entry and explain what that means? 21 A. "Additional info: Drives black 22 Fusion." That refers to the suspect, which 23 there is a suspect name, age, and suspect phone 24 number, so that's just a note for me on what 25 the drug dealer drives.</p>
<p style="text-align: right;">Page 328</p> <p>1 of reporting back to my supervisors. 2 Q. Right. That's why you used the 3 word "claim"? 4 A. Correct. 5 Q. Do you know how he got the pills? 6 A. I don't believe it was pills, but 7 he claimed he found pills while dumpster 8 diving. 9 Q. What did you think it was? 10 A. I believe he had a heroin/fentanyl 11 overdose. 12 Q. What made you believe that? 13 A. Just the amount of Narcan he was 14 given, 4 milligrams of Narcan. I believe he 15 had a history of overdosing in the past with 16 us, and honestly, I just didn't believe his 17 story. 18 Q. Do you recall whether you did any 19 further investigation in this case? 20 A. No. 21 Q. And you don't know whether this 22 person started on prescription pills or not, do 23 you? 24 A. I don't. 25 Q. Det. Moran, I'm handing you what</p>	<p style="text-align: right;">Page 330</p> <p>1 And then this is a particular case 2 where I asked him how he started using, and he 3 started using opioids in connection with an 4 injury. 5 Q. Do you know what he overdosed on? 6 A. On this particular case? 7 Q. Right. 8 A. I believe it was a heroin/fentanyl 9 overdose. 10 Q. And you note that you found a 11 needle, correct? 12 A. Correct. 13 Q. And is that what led you to believe 14 that was a heroin and fentanyl issue? 15 A. I believe he said it. I mean, some 16 of the information -- this is just notes. The 17 narrative is actually in the Case Explorer the 18 very next day or that day I input that 19 information. This is just a quick go-by. 20 Q. But you remember all this stuff? 21 A. I don't remember everything. I 22 mean, I didn't know there was a needle. There 23 is a needle. 24 Q. So before on Exhibit 24, you 25 mentioned that there were four milligrams of</p>

<p style="text-align: right;">Page 331</p> <p>1 Narcan administered. That's not on the sheet, 2 but you remember that? 3 A. Yes, it is. 4 Q. Is it? Where is that? 5 A. Underneath hospital. 6 Q. Ah, there we go. Okay. Thank you. 7 A. You're welcome. 8 Q. I was impressed. When you talk 9 about drives black Fusion, that refers to the 10 suspect? 11 A. Yes. 12 Q. But then he started using in 13 connection with the injury, that's the victim? 14 A. Correct. 15 Q. Do you know what he started using 16 in connection with this injury? 17 A. I don't. 18 Q. Do you know if, in fact, he started 19 using it -- if that is, in fact, correct, that 20 he started using prescription pills in 21 connection with an injury? 22 A. That's the information that was 23 related to me. I don't know. 24 Q. Did you do any further 25 investigation?</p>	<p style="text-align: right;">Page 333</p> <p>1 A. Yes. 2 Q. So first of all, you don't know 3 whether that's true? 4 A. I don't, no. 5 Q. And do you know whether, for 6 example, that that injury happened ten years 7 ago, and there is a break of eight years, and 8 then he just started using heroin? 9 A. I don't know. 10 Q. You don't know that? 11 A. No. Thank you. A little bit 12 easier.</p> <p style="text-align: center;">- - - - -</p> <p>14 (Thereupon, Deposition Exhibit 26, 15 Designated Confidential, Attorney 16 Eyes Only, Cleveland Police HIDI 17 Response Form, Beginning with Bates 18 Label CLEVE 003181042, was marked 19 for purposes of identification.)</p> <p style="text-align: center;">- - - - -</p> <p>21 Q. Det. Moran, I'm handing you what's 22 been marked as Moran Exhibit 26, a one-page 23 document bearing production number CLEVE 24 003181042. Have you seen this document before? 25 A. I have.</p>
<p style="text-align: right;">Page 332</p> <p>1 A. Brief. Do you want me to -- 2 Q. Please. 3 A. Obviously, we do a little homework 4 on the suspect's home number, if there is time. 5 I mean, we are crazy busy. If there is time, 6 we will go into the neighborhood that we 7 believe this car may have been in, or just 8 through my normal daily travels, I'm pretty 9 astute, I'm looking for a black Fusion as I'm 10 driving. If I see it, I will go take a look at 11 it. 12 But as far as controlled purchases 13 or anything, there is no massively further 14 investigation, but some homework on the phone 15 number and whatever we could come up with. 16 Q. And going back to the victim's drug 17 history, you don't know, for example, first of 18 all, whether he started with prescription 19 opioids, correct? 20 MR. CLUFF: Object to form. 21 A. He started using in connection with 22 an injury, meaning, when I put that in, he was 23 prescribed opioids after an injury. That's how 24 he got transformed to heroin. 25 Q. That's what he told you?</p>	<p style="text-align: right;">Page 334</p> <p>1 Q. So this is a report of a nonfatal 2 overdose from January of 2018, correct? 3 A. Yes, sir. 4 Q. And the victim here snorted four 5 Percocets, correct? 6 A. That's the information she relayed 7 to us. 8 Q. Were you able to verify that or 9 not? 10 A. No. 11 Q. So here you found no packaging. 12 Did that cast any doubt on whether, in fact, 13 the person had snorted Percocets? 14 A. Can I elaborate? 15 Q. Sure. 16 A. We do not respond to every scene. 17 In this particular case, she was conveyed to a 18 hospital. So the police car, EMS, everyone 19 leaves the house to go to the hospital. 20 So we don't get the chance to go to 21 the scene to actually look for packaging every 22 single time. So this merely means the 23 packaging was not recovered. It doesn't 24 necessarily mean it wasn't there. It just 25 means that we didn't recover it, because we</p>

<p style="text-align: right;">Page 335</p> <p>1 went straight to the hospital to interview. 2 Q. So you don't know whether you did, 3 in fact, go to her home? 4 A. Actually, I remember this. For 5 whatever reason, I remember this one, but, no, 6 we did not get inside the house on this one. 7 Q. Did you verify that she had, in 8 fact, snorted Percocets? 9 A. That's what she told us. 10 Q. Do you know if she got these 11 Percocets from a legitimate prescription? 12 A. I don't know. 13 MR. CLUFF: Object to form. 14 Q. Do you know if these were diverted 15 Percocets? 16 MR. CLUFF: Object to form. 17 A. I don't know. 18 - - - - - 19 (Thereupon, Deposition Exhibit 27, 20 Designated Confidential, Attorney 21 Eyes Only, Cleveland Police HID 22 Response Form, Beginning with Bates 23 Label CLEVE 00318054, was marked for 24 purposes of identification.) 25 - - - - -</p>	<p style="text-align: right;">Page 337</p> <p>1 or not that was correct? 2 A. I do not. 3 Q. And do you know whether or not this 4 person had a legitimate prescription for 5 Percocets? 6 MR. CLUFF: Objection to form. 7 A. I do not. 8 Q. Is this another case where you just 9 interviewed him at the hospital? 10 A. Sir, the majority of them are just 11 hospital interviews. I don't specifically 12 remember this case, but the majority are 13 hospital interviews. 14 Q. So you don't know whether or not 15 you went back to his home to look for packaging 16 or anything like new? 17 A. This didn't occur at his home. 18 This was a -- 3979 Pearl is a business, but I 19 don't recall. 20 Q. Did you go back -- you don't recall 21 whether you went back to 3979 Pearl to look for 22 packaging? 23 A. I don't believe I did. 24 Q. And the same with his home, you 25 don't believe -- do you recall going to his</p>
<p style="text-align: right;">Page 336</p> <p>1 Q. Det. Moran, I'm handing you what 2 has been marked as Moran Exhibit 27, a one-page 3 document bearing production numbers CLEVE 4 003181054. Have you seen this document 5 before? 6 A. I have. 7 Q. And this is another one of your 8 response forms? 9 A. It is. 10 Q. And as with Exhibits 24, 25 and 26, 11 you prepared this form in the course of your 12 police duties on or about the date indicated, 13 correct? 14 A. I did. 15 Q. And this reports on a nonfatal drug 16 overdose from January of 2018, correct? 17 A. Yes. 18 Q. And here in the additional 19 information, you write, "Stated he only took an 20 extra Percocet"; do you see that? 21 A. I do. 22 Q. So that's what the overdose victim 23 told you? 24 A. Correct. 25 Q. And again, you had no idea whether</p>	<p style="text-align: right;">Page 338</p> <p>1 home to look for packaging? 2 A. No, I did not go to his home. 3 - - - - - 4 (Thereupon, Deposition Exhibit 28, 5 Designated Confidential, Attorney 6 Eyes Only, Cleveland Police HID 7 Response Form, Beginning with Bates 8 Label CLEVE 003180904, was marked 9 for purposes of identification.) 10 - - - - - 11 Q. Det. Moran, I've handed you what 12 has been marked as Moran Exhibit 28. It is a 13 one-page document bearing production number 14 CLEVE 03180904. Have you seen this document 15 before? 16 A. I have. 17 Q. Is this a -- again, this is a 18 response form that you filled out in the 19 ordinary course of business -- excuse me -- on 20 or about September 29, 2018, correct? 21 A. Correct. 22 Q. And this reports on a fatal 23 overdose on or about that date, correct? 24 A. Correct. 25 Q. Can you please read what</p>

<p style="text-align: right;">Page 339</p> <p>1 information is included in the additional 2 information section?</p> <p>3 A. Yeah, and if I'm allowed to explain 4 how we got to that. But it says, "Dr. 5 Castleberry, Cedar and Ford, pill mill, \$140 6 cash, probable pill OD, Thursday and Fridays."</p> <p>7 Q. Let's break that down. First of 8 all, do you know on what the person overdosed?</p> <p>9 A. On this case, I don't recall. I 10 don't know what the exact cause of death was. 11 We didn't have any further leads or packaging. 12 I don't recall what the actual cause of death 13 was on this one.</p> <p>14 Q. Do you recall whether it was, in 15 fact, a pill overdose?</p> <p>16 A. I don't know.</p> <p>17 Q. And you don't know then if it was a 18 prescription pill overdose, do you?</p> <p>19 A. I do not.</p> <p>20 Q. So let's go through this. When you 21 wrote Dr. Castleberry, Cedar and Ford, pill 22 mill, what was that referring to?</p> <p>23 A. The victim here was with her -- and 24 it is not in the interview section. There are 25 times where someone is grieving, and if I know</p>	<p style="text-align: right;">Page 341</p> <p>1 of my information, he was familiar with that 2 doctor's name though.</p> <p>3 Q. Do you know whether Det. Prince 4 arrested anyone in connection with this 5 overdose?</p> <p>6 A. I do not.</p> <p>7 MR. CLUFF: Given the time period, 8 I caution you not to reveal anything that would 9 undermine any ongoing investigation. If you 10 can answer the question generally, without 11 doing that, then feel free to answer.</p> <p>12 A. I do not.</p> <p>13 Q. What is the reference to \$140 cash?</p> <p>14 A. I think that's what she had in her 15 purse. She had a little bit of money left 16 over.</p> <p>17 Q. And what led you to conclude that 18 was a probable pill OD?</p> <p>19 A. I wouldn't say I concluded it. 20 Just based on the interview with the husband, 21 that's just what we felt. So I just put that 22 down, that it is a probable pill OD.</p> <p>23 I'm not sure if it was an actual 24 fentanyl or a pill overdose. There was no 25 follow-up on this case.</p>
<p style="text-align: right;">Page 340</p> <p>1 their name is in the actual police report, I'm 2 not going to rehash and have them give me their 3 name again and go through all that. So in this 4 particular case, I can obtain that information 5 from the police report.</p> <p>6 She was there with it was either a 7 boyfriend or a husband, one of the two, I can't 8 recall, and that person supplied the 9 information on where she would get pills, and 10 how he believed it was a pill mill, how he 11 believed that that doctor has been arrested in 12 the past. Just this person's feelings about 13 that doctor and how the victim would obtain 14 pills.</p> <p>15 Q. Did you investigate Dr. 16 Castleberry?</p> <p>17 A. I passed this information along to 18 the diversion team.</p> <p>19 Q. Do you recall who in the diversion 20 team?</p> <p>21 A. I provided the information to Det. 22 Prince.</p> <p>23 Q. Do you know what Det. Prince did 24 with it?</p> <p>25 A. I do not. I believe, to the best</p>	<p style="text-align: right;">Page 342</p> <p>1 Q. And when it says Thursday and 2 Fridays, what does that refer to?</p> <p>3 A. That's when he believed she 4 refilled her prescription, was either Thursday 5 or Friday.</p> <p>6 Q. Do you know whether any 7 pharmaceutical manufacturers or distributors 8 were contacted about Dr. Castleberry or the 9 Cedar & Ford pill mill?</p> <p>10 MR. CLUFF: Objection to form. 11 Calls for speculation.</p> <p>12 A. I don't. 13 - - - - - 14 (Thereupon, Deposition Exhibit 29, 15 Designated Confidential, Attorney 16 Eyes Only, Cleveland Police HIDI 17 Response Form, Beginning with Bates 18 Label CLEVE 003180880, was marked 19 for purposes of identification.) 20 - - - - -</p> <p>21 Q. Det. Moran, I'm handing you what 22 has been marked as Moran Exhibit 29. It is a 23 one-page document bearing production number 24 003180880. This is another one of your 25 response forms, correct?</p>

<p style="text-align: right;">Page 343</p> <p>1 A. It is.</p> <p>2 Q. And you completed this form on or 3 around November 28 of 2018 in the ordinary 4 course of business, correct?</p> <p>5 A. I did.</p> <p>6 Q. This reports on a nonfatal overdose 7 in Parma, correct?</p> <p>8 A. No. Is was in Cleveland. 2210 9 Brookpark Road, that's a Cleveland address.</p> <p>10 Q. That's a New Yorker trying to guess 11 these things.</p> <p>12 A. That's just the hospital.</p> <p>13 Q. Okay. And the additional 14 information, can you read that, please?</p> <p>15 A. \$30, white, percs, 90 perc, 10s for 16 bruised toe.</p> <p>17 Q. Do we know -- well, why don't we go 18 through this. What did you mean by \$30?</p> <p>19 A. I actually -- you're doing an 20 amazing job, all of these I responded to, I 21 actually really remember this one.</p> <p>22 I was able to speak with the victim 23 for -- I was with her for a long time. She 24 bought \$30 of heroin, that's where it says 25 white, the heroin, or the fentanyl/heroin, it</p>	<p style="text-align: right;">Page 345</p> <p>1 bruised toe?</p> <p>2 A. She would not provide the doctor's 3 name.</p> <p>4 - - - - -</p> <p>5 (Thereupon, Deposition Exhibit 30, 6 Designated Confidential, Attorney 7 Eyes Only, Cleveland Police HIDI 8 Response Form, Beginning with Bates 9 Label CLEVE 003180873, was marked 10 for purposes of identification.)</p> <p>11 - - - - -</p> <p>12 Q. Det. Moran, I've handed you what 13 has been marked as Moran Exhibit 30. It is a 14 one-page document bearing production number 15 CLEVE 003180873. This is another one of your 16 response forms, correct?</p> <p>17 A. Yes.</p> <p>18 Q. And you completed this one on or 19 about December 27 of 2018 in the ordinary 20 course of business, correct?</p> <p>21 A. Yes. I did not fill this one out 22 or conduct the interviews. This was filled out 23 by Sgt. Baeppler.</p> <p>24 Q. It is the same handwriting as 25 Exhibit 20; isn't it?</p>
<p style="text-align: right;">Page 344</p> <p>1 was white drugs that she purchased on this 2 date, and this is one of the ones where I got 3 into how she began using.</p> <p>4 She began using from Percocets. 5 She was actually prescribed 90 Percocets, 6 because she told her doctor she had a bruised 7 toe.</p> <p>8 Q. Do you know whether she, in fact, 9 had a bruised toe?</p> <p>10 MR. CLUFF: Object to form.</p> <p>11 A. This was years before. I don't 12 know. I believe she admitted that she had 13 a -- she had a bruised toe. She dropped 14 something on her toe, but she was prescribed 90 15 Percocets because of the bruised toe, according 16 to her.</p> <p>17 Q. So this is one of those cases that 18 you believe the person started on prescription 19 opioids and then migrated to nonprescription 20 opioids, such as in this case heroin, correct?</p> <p>21 A. I talked to her extensively. I 22 really remember this because I tried to get her 23 help. I believed her, yes.</p> <p>24 Q. Did you find out from her what 25 doctor prescribed her the 90 Percocets for a</p>	<p style="text-align: right;">Page 346</p> <p>1 A. Yeah.</p> <p>2 Q. But you were involved in this case, 3 correct?</p> <p>4 A. I responded, yes.</p> <p>5 Q. How do you know he was the one that 6 conduct the interview?</p> <p>7 A. Because that's his handwriting 8 there, in the additional info.</p> <p>9 Q. Do you know anything about this 10 case, other than what is written here?</p> <p>11 A. Just what -- there is no evidence 12 recovered at the scene, as far as packaging, 13 whatnot.</p> <p>14 I believe this was -- yeah, he died 15 on his birthday. So he was out partying and 16 came home and passed away. We recovered no 17 evidence at the scene and there was no evidence 18 in the cellphone, any drug transactions.</p> <p>19 Q. Do you recall whether you went to 20 his home to look for packaging?</p> <p>21 A. We were at his home.</p> <p>22 Q. You were at his home. I'm sorry. 23 And you saw no packaging?</p> <p>24 A. Correct.</p> <p>25 Q. Did you draw any conclusions based</p>

<p style="text-align: right;">Page 347</p> <p>1 on the absence of packaging?</p> <p>2 MR. CLUFF: Object to form. It is</p> <p>3 a little vague.</p> <p>4 A. Honestly, I don't know how to</p> <p>5 answer that. I mean --</p> <p>6 Q. Let me ask a different question</p> <p>7 then.</p> <p>8 If somebody is taking prescription</p> <p>9 pills, those tend to come in a package,</p> <p>10 correct?</p> <p>11 MR. CLUFF: Objection. Assumes</p> <p>12 facts.</p> <p>13 A. No.</p> <p>14 Q. You don't get a little bottle that</p> <p>15 says Percocet or whatever?</p> <p>16 MR. CLUFF: Let him finish his</p> <p>17 question.</p> <p>18 Q. Go ahead. I'm sorry. Am I</p> <p>19 misunderstanding packaging?</p> <p>20 A. I think I'm misunderstanding how</p> <p>21 you are referring to someone getting pills.</p> <p>22 Q. Right.</p> <p>23 A. I think narcotics, hand to hand,</p> <p>24 pill to pill, the proper way would be in a</p> <p>25 bottle.</p>	<p style="text-align: right;">Page 349</p> <p>1 I mean, it could be drugs were</p> <p>2 obtained without packaging; it could be family</p> <p>3 found the victim and got rid of the packaging</p> <p>4 before we got there.</p> <p>5 So I don't think we necessarily</p> <p>6 draw conclusions. Could we speculate on some</p> <p>7 possibilities? Yeah, but as far as the</p> <p>8 conclusion, no, if that makes sense.</p> <p>9 Q. Right. So you don't know, either</p> <p>10 based on this report or otherwise, whether or</p> <p>11 not this person started off with prescription</p> <p>12 opioids, correct?</p> <p>13 A. I don't.</p> <p>14 - - - - -</p> <p>15 (Thereupon, Deposition Exhibit 31,</p> <p>16 Designated Confidential, Attorney</p> <p>17 Eyes Only, Cleveland Police HID</p> <p>18 Response Form, Beginning with Bates</p> <p>19 Label CLEVE 003181107, was marked</p> <p>20 for purposes of identification.)</p> <p>21 - - - - -</p> <p>22 Q. My guess, Det. Moran, is that we</p> <p>23 have about a half an hour or so more, 40</p> <p>24 minutes maybe.</p> <p>25 MR. CLUFF: Do you want to take a</p>
<p style="text-align: right;">Page 348</p> <p>1 Q. Right.</p> <p>2 A. But that's not the only way.</p> <p>3 Q. Does the absence of packaging here,</p> <p>4 that you didn't find any bottle, container that</p> <p>5 you would normally get from a pharmacy, which</p> <p>6 would have the information on there that would</p> <p>7 say what the drug is, how often you are</p> <p>8 supposed to take it, who the prescribing doctor</p> <p>9 is, the fact that you didn't find that, did</p> <p>10 that lead you to believe that, in fact, that</p> <p>11 this person who overdosed in Exhibit 30 was not</p> <p>12 getting pills through a legitimate</p> <p>13 prescription?</p> <p>14 MR. CLUFF: Object to the form.</p> <p>15 Compound. Incomplete hypothetical. Calls for</p> <p>16 a legal conclusion.</p> <p>17 Q. You may answer.</p> <p>18 A. It's hard to answer, in this</p> <p>19 particular case.</p> <p>20 In the notes, Det. Baeppler learned</p> <p>21 from the wife that this person abused pills.</p> <p>22 That doesn't necessarily mean this was a pill</p> <p>23 overdose. It still could have been a heroin or</p> <p>24 fentanyl overdose. The absence of packaging</p> <p>25 could indicate a multitude of things.</p>	<p style="text-align: right;">Page 350</p> <p>1 break?</p> <p>2 Q. The question is whether you want to</p> <p>3 take a break or whether you're okay?</p> <p>4 A. I have a very busy day, so I would</p> <p>5 like to roll through.</p> <p>6 Q. You seemed a little --</p> <p>7 A. I have a lot on my plate today.</p> <p>8 Q. I'm sorry.</p> <p>9 A. I'm good. I'm fine.</p> <p>10 Q. We will get through this as quickly</p> <p>11 as we can.</p> <p>12 Det. Moran, I've handed you what</p> <p>13 has been marked as Moran Exhibit 31. It is a</p> <p>14 one-page document bearing production number</p> <p>15 CLEVE 003181107.</p> <p>16 Have you seen this document before?</p> <p>17 A. I have.</p> <p>18 Q. This is a response form that you</p> <p>19 filled out on or around November 4, 2017 in the</p> <p>20 ordinary course of business, correct?</p> <p>21 A. November 4, yes, correct.</p> <p>22 Q. And this reports on a nonfatal</p> <p>23 overdose on or about that date, correct?</p> <p>24 A. Yes, sir.</p> <p>25 Q. Can you please read the additional</p>

<p style="text-align: right;">Page 351</p> <p>1 information line on this one?</p> <p>2 A. "Never used heroin, thought it was 3 anxiety meds/white. Kia Spectra, red."</p> <p>4 Q. Can you please go through that and 5 explain what information is being conveyed 6 there?</p> <p>7 A. Yeah. I actually vaguely remember 8 this one as well. Interviewing the victim, the 9 victim denied using heroin in this case. There 10 is thought they were getting -- they thought 11 they were getting some sort of anxiety pill. 12 They took that anxiety pill, which caused them 13 to lose consciousness, resulting in four 14 milligrams of Narcan. The pill was white. The 15 person, you know, drove a red Kia Spectra.</p> <p>16 Q. The person who sold the drugs to 17 the victim?</p> <p>18 A. Yes.</p> <p>19 Q. And what conclusions did you draw 20 from the pills being white?</p> <p>21 MR. CLUFF: Objection. Form.</p> <p>22 Q. If any.</p> <p>23 A. I relayed the information that she 24 relayed to me. I'm not 100 percent certain she 25 was truthful in this, but this is the</p>	<p style="text-align: right;">Page 353</p> <p>1 Q. If you had taken just -- let's say 2 you were overdosing on a small, relatively 3 small amount of Percocet. How many milligrams 4 of Narcan would you expect that would require?</p> <p>5 MR. CLUFF: Object to form.</p> <p>6 A. I don't know.</p> <p>7 Q. You mentioned four a couple times. 8 Is that a big amount are not?</p> <p>9 A. It is two doses.</p> <p>10 Q. Is that enough for an overdose of a 11 prescription pill or not?</p> <p>12 A. Again, it depends on what is taken.</p> <p>13 Q. And again, you have no idea with 14 respect to the person in Exhibit 31 whether or 15 not she started with prescription opioids, 16 correct?</p> <p>17 A. I don't know.</p> <p>18 Q. I think this is the last one of 19 these.</p> <p>20 A. We are not doing 310 more? 21 - - - - - 22 (Thereupon, Deposition Exhibit 32, 23 Designated Confidential, Attorney 24 Eyes Only, Cleveland Police HID 25 Response Form, Beginning with Bates</p>
<p style="text-align: right;">Page 352</p> <p>1 information that was relayed.</p> <p>2 Q. What did you think was going on?</p> <p>3 A. I mean, I obviously believed she 4 thought she did some sort of heroin or 5 fentanyl, snorted something. We talk to 6 people, and sometime they don't want to admit 7 what they did, so they try to say certain 8 things.</p> <p>9 It was around this time also we 10 started -- I was always a little more sceptical 11 of some of the pill overdoses, when they were 12 getting a certain amount of Narcan. You know, 13 one Percocet and they get six milligrams, I 14 tended to be sceptical. Then we started 15 actually getting pressed fentanyl pills, which 16 led us to kind of start looking at the pills a 17 little more believable.</p> <p>18 Q. So you need more milligrams of 19 Narcan if it is a fentanyl or a heroin 20 overdose, correct?</p> <p>21 A. In my experience, I was skeptical. 22 When someone would say they snorted, they took 23 one Percocet, and they were getting six or 24 eight milligrams of Narcan, made me think that 25 they weren't truthful with their story.</p>	<p style="text-align: right;">Page 354</p> <p>1 Label CLEVE 003180898, was marked 2 for purposes of identification.) 3 - - - - - 4 Q. Det. Moran, I'm handing you what's 5 been marked as Moran Exhibit 32. It is a 6 production number CLEVE 003180898. Have you 7 seen this document before?</p> <p>8 A. I have.</p> <p>9 Q. This is a response form that you 10 completed on or about October 19 of 2018 in the 11 ordinary course of business, correct?</p> <p>12 A. It is.</p> <p>13 Q. And this reports on a nonfatal 14 overdose, correct?</p> <p>15 A. It is.</p> <p>16 Q. Can you please go through the 17 additional information and read it and tell me 18 what's going on, please?</p> <p>19 A. Again, I'm impressed that you 20 picked another one that I remember.</p> <p>21 She overdosed, she was given eight 22 milligrams of Narcan at Fairview.</p> <p>23 Q. So that's a lot?</p> <p>24 A. Four doses, it is a decent amount. 25 I was able to speak with her for a little</p>

<p style="text-align: right;">Page 355</p> <p>1 while. Prescribed pills, she started based off 2 a prescription. I put progressed, meaning it 3 progressed from prescribed pills to heroin. 4 So prescribed pills, progressed, 5 she was clean for 14 months. Today's reason 6 for the overdose, she was attempting to commit 7 suicide. She told me that the heroin was a 8 light brown, she got it through a middle 9 person, which generally if it's another addict, 10 they won't supply who that addict is.</p> <p>11 The drugs were in a lottery ticket, 12 and then underneath, she obtained \$20, and 13 where it says "B," she believes that the middle 14 person, the heroin addict, gets heroin from a 15 drug dealer named "B."</p> <p>16 Q. And she was trying to commit 17 suicide by taking the heroin?</p> <p>18 A. Yeah.</p> <p>19 Q. So this is one of those cases that 20 you believe where somebody starts with 21 prescription opioids and then progresses to 22 nonprescription opioids, correct?</p> <p>23 A. I interview the person. This is 24 the information that was provided. I remember 25 her. I had no reason to doubt her</p>	<p style="text-align: right;">Page 357</p> <p>1 on this particular date. She relapsed after 2 being clean for 14 months.</p> <p>3 Q. Do you know whether there was any 4 further investigation here?</p> <p>5 A. No. We didn't have a phone number 6 or any follow-up. I mean, every single one of 7 these we provide cellphone numbers for the 8 victim to reach out should there be additional 9 information that could be provided for a 10 follow-up investigation. There was nothing in 11 this one.</p> <p>12 Q. So let's go back to Exhibit 21, 13 please.</p> <p>14 So in Exhibit 21, this is the ODMap 15 Case Explorer entries from February 27, 2016 16 through February 2, 2017; do you see that?</p> <p>17 A. I do.</p> <p>18 MR. CLUFF: For the record, I note 19 these are not in chronological date order, I 20 don't think. I'm sorry. I was looking at 22.</p> <p>21 Q. And Mr. Zipp tells me that there 22 are 771 rows in this spreadsheet, 771 incidents 23 reported. I think we are going to have to take 24 him at his word.</p> <p>25 MR. CLUFF: No. I'll object to</p>
<p style="text-align: right;">Page 356</p> <p>1 truthfulness.</p> <p>2 Q. Now, she was, you said -- she says 3 she was clean for 14 months, correct?</p> <p>4 A. That's what she indicated, yes.</p> <p>5 Q. So there was a -- she didn't 6 progress straight from prescription pills to 7 heroin, correct?</p> <p>8 MR. CLUFF: Object to form.</p> <p>9 Q. By her own account?</p> <p>10 MR. CLUFF: Assumes facts as well.</p> <p>11 A. I'm not understanding your 12 question.</p> <p>13 Q. Well, there was -- she reported a 14 14-month gap between when she was taking 15 prescription pills and when she returned to -- 16 or when she moved to nonprescription opioids, 17 in this case heroin, correct?</p> <p>18 A. No, you are wrong.</p> <p>19 Q. So tell me what is going on?</p> <p>20 A. She's been clean for 14 months, 21 prior to using that day. Not 14 months off 22 prescription pills to heroin. She was 23 prescription pills, moved to heroin, steady 24 cycle of addiction, and then she was clean for 25 14 months, 14 months and one day or whatever,</p>	<p style="text-align: right;">Page 358</p> <p>1 that statement.</p> <p>2 Q. Now, the dates here all correspond 3 to dates of overdose incidents that occurred in 4 Cleveland during this period February of 2016 5 to February of 2017, correct?</p> <p>6 A. Yes.</p> <p>7 Q. And does 771 strike you as about 8 the right number?</p> <p>9 MR. CLUFF: Object to form.</p> <p>10 A. From when to when?</p> <p>11 Q. Basically a year, from February of 12 2016 to February of 2017, maybe 11 months.</p> <p>13 A. I mean, there could be, you know, a 14 few more, guys didn't put some in, but that 15 seems relatively close.</p> <p>16 Q. But you are instructed to put all 17 of this information in Case Explorer, that's 18 part of your job duties, right?</p> <p>19 A. We do. We do. Sometimes there is 20 busy weekends, and, I mean, I can't speak for 21 everyone, I put mine in, but things happen.</p> <p>22 Q. Do you know anybody who doesn't put 23 them in?</p> <p>24 MR. CLUFF: Objection.</p> <p>25 A. Not intentionally. We are</p>

<p style="text-align: right;">Page 359</p> <p>1 instructed to put them in. I'm not saying that 2 mistakes don't occur. And there are also 3 instance that may be a natural death that we 4 respond and fill out a sheet to document that, 5 but it might not go in Case Explorer once we 6 find out it is a natural death.</p> <p>7 Q. Got it. So we cross-checked these 8 771 entries against Exhibits 2 and 3. Those 9 are the ones that we looked at last time we 10 were together, and by our calculation, you 11 entered 210 of these entries.</p> <p>12 A. Okay.</p> <p>13 Q. So you have 210 in here. We went 14 through the narratives for your 210 entries, 15 and out of these 210 entries, you mentioned 16 prescription pills only three times.</p> <p>17 A. Okay.</p> <p>18 MR. CLUFF: Object to form. We are 19 not going to take that as an accurate 20 representation. If you want to point to where 21 you believe that actually happened, you can do 22 that, but this thing where you are going 23 through and telling him numbers about a 24 voluminous document, I don't think is an 25 accurate way to make a record.</p>	<p style="text-align: right;">Page 361</p> <p>1 Through the course of our unit 2 evolving, the information started being 3 recorded more.</p> <p>4 Q. Let's go to Exhibit 22. So this is 5 also from ODMap in Case Explorer, but this one 6 contains entries from January of 2017 to 7 through November of 2017.</p> <p>8 MR. CLUFF: This is one where I 9 believe the dates are out of order.</p> <p>10 MR. ROMAN: Yes, they are.</p> <p>11 MR. CLUFF: You see if that's 12 accurate.</p> <p>13 Q. Take whatever time you need to look 14 at this, Det. Moran.</p> <p>15 A. It seems consistent with --</p> <p>16 MR. CLUFF: For the record, I'm not 17 insinuating you guys did anything. I'm sure 18 this is the way it was produced.</p> <p>19 MR. ROMAN: I took no offense, but 20 John may have, about that's his problem.</p> <p>21 Q. So let's look at the second column. 22 It says created by. That's where the detective 23 who entered the information puts his name, 24 correct?</p> <p>25 A. Yeah.</p>
<p style="text-align: right;">Page 360</p> <p>1 I'm sorry. I don't want to talk 2 over your deposition. We will just object. 3 The documents speak for themselves.</p> <p>4 MR. ROMAN: That's totally fine.</p> <p>5 Q. Assuming that that's correct, that 6 prescription pills are mentioned in only three 7 out of 210 of your entries from February of 8 2016 to February of 2017, how do you explain 9 that?</p> <p>10 MR. CLUFF: Object to form. Don't 11 assume anything. You can answer that question 12 if you have an understanding of the facts, but 13 you don't have to answer that question based on 14 his representation.</p> <p>15 A. The reporting process of that began 16 to be more diligent. I interviewed everyone. 17 I sit in hospital rooms with addicts, sir, for 18 an hour just talking.</p> <p>19 As our units progressed, that 20 information started getting documented. When 21 we originally began doing these, we documented 22 suspect information, drug information, whatnot, 23 and that was information that I just gathered 24 through sitting with someone who nearly died 25 and speaking with them for an hour.</p>	<p style="text-align: right;">Page 362</p> <p>1 Q. And those are all detective names 2 or, I don't know, email addresses or whatever, 3 correct? You can identify the detective by the 4 name in that second column, right?</p> <p>5 A. Correct.</p> <p>6 Q. So here there a 1879 rows of 7 incidents, and by our calculation, 407 of these 8 are entries that were entered by you. So 9 that's for the period January of 2017 through 10 November of 2017. Does that seem about right 11 to you?</p> <p>12 MR. CLUFF: Object to form. The 13 document speaks for itself.</p> <p>14 A. I don't know. I mean, I did a lot.</p> <p>15 Q. I know you did.</p> <p>16 A. I do a lot, sir.</p> <p>17 Q. I'm not questioning that.</p> <p>18 A. It seems remotely accurate, I 19 mean...</p> <p>20 Q. So we go to the narrative section 21 of these 417 entries, and in them -- I'm sorry. 22 The narrative you can find in the fifth column; 23 do you see that?</p> <p>24 A. Yes, sir.</p> <p>25 Q. And in the narrative of these 417</p>

<p style="text-align: right;">Page 363</p> <p>1 entries, we found the term "prescription drug" 2 or the name of a prescription drug a total of 3 14 times. Does that seem about right to you? 4 MR. CLUFF: Object to form. The 5 document speaks for itself. 6 A. I'll take you -- I mean, I don't 7 know. You are saying prescription or name of 8 prescription, you are saying 14 times, okay. 9 Q. But I guess the question is, would 10 you have expected more than that, more mentions 11 than that in the narrative section? 12 MR. CLUFF: Objection. Calls for 13 speculation. Based on an incomplete 14 hypothetical. 15 THE WITNESS: Should I answer? 16 MR. CLUFF: Yeah. Unless I tell 17 you not to answer, you should. 18 A. Well, honestly, what's your 19 question though? 20 Q. Well, do you have an explanation 21 for why only 14 of your 407 entries from 22 January 2017 through November 2017 mention 23 either prescription drugs or the name of a 24 prescription drug? 25 MR. CLUFF: I'll object to form.</p>	<p style="text-align: right;">Page 365</p> <p>1 earlier use of opioids? 2 A. What do you mean? 3 Q. If you say the words, "Began using 4 after injury," that would signal to you that 5 the person started using by using prescription 6 opioids, correct? 7 A. Yes. 8 Q. Are there other buzz words or 9 phrases that might signal that to you? 10 A. I would put recreationally, if it 11 wasn't based off an injury, partying. I can't 12 think of anything else off the top of my head. 13 Q. Why would words like 14 "recreationally" or "partying" signal to you 15 use of prescription opioids? 16 A. Again, as we progressed, you know, 17 we have got more diligent, and I'll ask, how 18 did you start, and if someone says, "I started 19 using off of pills," I don't just automatically 20 assume they was prescribed pills. I go, "Did 21 you start using off a prescription or did you 22 just start recreationally, partying with 23 people?" 24 So I try now, I try to 25 differentiate between how the pills were</p>
<p style="text-align: right;">Page 364</p> <p>1 Calls for speculation. Based on an incomplete 2 hypothetical. 3 A. I don't know how to answer that, 4 because there could be terminology in there, or 5 began using, where I don't necessarily put 6 prescription, so the words might be left out. 7 Q. Right. So what type of terminology 8 would that include? 9 A. It could have been something, 10 victim began using based off of injury, where 11 I'm not specifically putting prescription or 12 the name of the pill. I may have left it out, 13 because when I read it, I know what it means, 14 or when another police officer reads it, they 15 know what it means, so maybe I didn't actually 16 type in the word prescription or the actual 17 pill itself. 18 If you said that the word 19 prescription or pill is in there 14 times, I'm 20 going to say okay, it's in there 14 times. It 21 doesn't necessarily mean that is an accurate 22 reflect of all these incidents. 23 Q. So injury is one type of thing that 24 would sort of signal that to you. What are the 25 other types of things that would indicate</p>	<p style="text-align: right;">Page 366</p> <p>1 originally used. Just because they started on 2 a Percocet doesn't mean they were necessarily 3 prescribed a Percocet. They could have just 4 been with other people that were doing 5 Percocets. 6 Q. So if you saw, actually, 7 "recreationally" or "partying," that would 8 indicate that was not prescription opioids, or 9 at least that they were not prescribed an 10 opioid, correct? 11 A. Yes. 12 Q. Can you please turn to page 109. 13 A. This gets really small. 14 Q. This is very bad, I agree. 15 MR. CLUFF: Do you know what the 16 Bates number of the document is again? 17 MR. ROMAN: One second. 18 MR. CLUFF: I want to see if I can 19 find the electronic copy and show him that. 20 THE WITNESS: I'm good, I think. 21 Q. On the sixth entry from the bottom, 22 August 22 of 2017; do you see that entry? 23 A. I believe we are looking at the 24 same one. 25 Q. And it says Scott Moran, and then</p>

<p style="text-align: right;">Page 367</p> <p>1 17-267254?</p> <p>2 A. Okay. Yes, we are on the same one.</p> <p>3 Q. And then it talks about -- then the</p> <p>4 date is August 22 of 2017; do you see that?</p> <p>5 A. I do.</p> <p>6 Q. And then we go to the narrative,</p> <p>7 and the person's name has been redacted; do you</p> <p>8 see that?</p> <p>9 A. I do.</p> <p>10 Q. And then you write, "Was having</p> <p>11 hand pains and went to a friend's residence and</p> <p>12 asked for a Percocet or Percocets. The male</p> <p>13 gave him a blue/green pill stamped with an M.</p> <p>14 He took it and went home, where he passed out.</p> <p>15 He Googled the pill and believed it was a fake</p> <p>16 pill laced with fentanyl. He passed out, was</p> <p>17 given eight milligrams of Narcan before being</p> <p>18 conveyed to Fairview Hospital"; do you see</p> <p>19 that?</p> <p>20 A. I do.</p> <p>21 Q. Let's break that down, if we could.</p> <p>22 First of all, this was obviously someone who,</p> <p>23 at least by his or her account, was not</p> <p>24 prescribed an opioid, correct?</p> <p>25 A. Correct.</p>	<p style="text-align: right;">Page 369</p> <p>1 Q. Have you, in your work, come across</p> <p>2 counterfeit opioids, counterfeit prescription</p> <p>3 opioids?</p> <p>4 A. Are you meaning pressed fentanyl</p> <p>5 pills?</p> <p>6 Q. Made to look like a Percocet or</p> <p>7 some other form of prescription opioid.</p> <p>8 A. I've been involved in cases where</p> <p>9 pills like that were recovered. I have never</p> <p>10 been the actual lead on one of those cases.</p> <p>11 Q. One thing we know for sure is that</p> <p>12 this overdose was not the result of a</p> <p>13 prescription opioid, correct?</p> <p>14 MR. CLUFF: Objection to form.</p> <p>15 Calls for an expert opinion.</p> <p>16 A. I'm not -- I'm going based on what</p> <p>17 he said, and I have no reason to not believe</p> <p>18 it.</p> <p>19 Q. Have you ever investigated the</p> <p>20 Chesterfield Pharmacy at 17004 Melgrave Avenue</p> <p>21 in Cleveland?</p> <p>22 A. No.</p> <p>23 Q. How about the Medic Discount Drug</p> <p>24 at 709 East 185th Street?</p> <p>25 A. No.</p>
<p style="text-align: right;">Page 368</p> <p>1 Q. And we don't know exactly what the</p> <p>2 person was given, but it probably was fentanyl,</p> <p>3 correct?</p> <p>4 MR. CLUFF: Objection to form.</p> <p>5 A. I don't know. That's what this</p> <p>6 person believed it to be.</p> <p>7 Q. And the fact that eight milligrams</p> <p>8 of Narcan was administered was consistent with</p> <p>9 that, correct?</p> <p>10 MR. CLUFF: Objection to form.</p> <p>11 Calls for speculation, for expert opinion.</p> <p>12 A. It could have been.</p> <p>13 Q. If you had -- I mean, you do this</p> <p>14 an awful lot. Would that have been your</p> <p>15 assumption going forward?</p> <p>16 MR. CLUFF: Object to form.</p> <p>17 A. There was a timeframe when we were</p> <p>18 starting to get pressed fentanyl pills, and</p> <p>19 this is consistent with that timeframe.</p> <p>20 Q. So everything in this report is</p> <p>21 consistent with it being fentanyl, correct?</p> <p>22 MR. CLUFF: Object to form. The</p> <p>23 document speaks for itself.</p> <p>24 A. I had no reason to not believe this</p> <p>25 person.</p>	<p style="text-align: right;">Page 370</p> <p>1 Q. The Walgreen Pharmacy at 11401</p> <p>2 Union Avenue?</p> <p>3 A. No.</p> <p>4 Q. Do you know if others in the</p> <p>5 Cleveland Police Department have done so?</p> <p>6 MR. CLUFF: Object to form. Calls</p> <p>7 for speculation.</p> <p>8 A. I don't know.</p> <p>9 MR. ROMAN: Why don't we take a</p> <p>10 five-minute break. I think we may be done</p> <p>11 here.</p> <p>12 MR. CLUFF: Are other counselor</p> <p>13 going to have questions?</p> <p>14 MR. GOLDSTEIN: I'll have a few.</p> <p>15 (Recess taken.)</p> <p>16 MR. ROMAN: Back on the record.</p> <p>17 Q. Thank you, Det. Moran, the only</p> <p>18 issue is -- once again we have document issues</p> <p>19 that you have identified, but subject to</p> <p>20 receiving those further documents, I'll pass</p> <p>21 the questioning to Mr. Goldstein.</p> <p>22 MR. CLUFF: For the record, what</p> <p>23 document are you talking about?</p> <p>24 MR. ROMAN: We don't have all the</p> <p>25 response forms, among other things.</p>

<p style="text-align: right;">Page 371</p> <p>1 MR. CLUFF: I was anticipating the 2 response forms. What other things are you 3 referring to?</p> <p>4 MR. ROMAN: That's it, the response 5 forms.</p> <p>6 MR. CLUFF: Okay.</p> <p>7 MR. ROMAN: Sorry.</p> <p>8 EXAMINATION OF SCOTT MORAN 9 BY MR. GOLDSTEIN:</p> <p>10 Q. Good morning, detective. I'll try 11 and be brief. Thank you for being here today.</p> <p>12 You testified earlier that you 13 began investigating nonfatal overdoses in 2016; 14 do you recall that?</p> <p>15 A. November of 2014.</p> <p>16 Q. November of 2014 is when you began 17 investigating nonfatal overdoses?</p> <p>18 A. Yes.</p> <p>19 Q. And when did you begin 20 investigating fatal overdoses?</p> <p>21 A. July of 2013.</p> <p>22 Q. And why was there the gap?</p> <p>23 A. I'm trying to explain this the 24 simplest way.</p> <p>25 Originally, we were investigating</p>	<p style="text-align: right;">Page 373</p> <p>1 fentanyl use. Has it been your experience that 2 drug users sometimes seek out fentanyl use?</p> <p>3 MR. CLUFF: Object to form.</p> <p>4 Misstates the testimony.</p> <p>5 A. Some do. Some don't like it. I 6 mean, I can't speak for every addict. That's 7 an individual-by-individual answer. Some like 8 it, some hate it. So the answer to your 9 question, sure, some seek it out. Also you 10 don't have much of an option.</p> <p>11 Q. What do you mean by that?</p> <p>12 A. Fentanyl is in everything.</p> <p>13 Q. I'm sorry. Can you explain a 14 little further. What do you mean by 15 everything?</p> <p>16 A. Fentanyl is in coke, fentanyl in is 17 heroin, fentanyl is in meth. I mean, fentanyl 18 is in just about every single thing we analyze, 19 along with 44 different synthetic types of 20 fentanyl.</p> <p>21 Q. So is that indicative of the drug, 22 the illegal drug trade in the Cleveland area, 23 there is a lot of fentanyl; is that your 24 testimony?</p> <p>25 MR. CLUFF: Objection to form.</p>
<p style="text-align: right;">Page 372</p> <p>1 deaths, and that's what our goal was. November 2 of 2014 is when we started getting an enormous 3 amount of overdoses, and that's when we 4 determined that fentanyl had hit the streets.</p> <p>5 So we began going to the nonfatal 6 overdoses. At the time we didn't know the 7 extent of what the fentanyl problem was going 8 to be. We didn't know if it was going to be 9 from November of 2014 to this day. We were 10 hoping it was just a quick in and out.</p> <p>11 So we went to the hospitals to 12 interview the survivors, because we wanted to 13 get this fentanyl off the streets as fast as we 14 could, and we were hoping that these survivors 15 would be able to pass that information to us.</p> <p>16 It evolved where we just began with 17 began with the treatment options and 18 information gathering, and that information 19 from nonfatais can lead to solving a fatal 20 overdose. So we just kept going.</p> <p>21 Q. And just to be clear, when you say 22 you started investigating nonfatais, do you 23 mean the department?</p> <p>24 A. Our unit, correct.</p> <p>25 Q. You mentioned the increase in</p>	<p style="text-align: right;">Page 374</p> <p>1 Calls for an expert conclusion.</p> <p>2 A. I'm not quite sure I understand 3 your question though.</p> <p>4 Q. Right. Sure. Do I understand your 5 testimony that the illegal drug market in 6 Cleveland includes a lot of fentanyl?</p> <p>7 A. It does.</p> <p>8 Q. And is that a reflection in your 9 mind of the demand for fentanyl among users?</p> <p>10 MR. CLUFF: Objection to form.</p> <p>11 Calls for an expert conclusion.</p> <p>12 A. I can't answer for a user.</p> <p>13 Q. Sure. Let me ask it this way --</p> <p>14 A. They may not have a choice, that's 15 what's there.</p> <p>16 Q. Why do you think that fentanyl is 17 so prevalent in the Cleveland drug market?</p> <p>18 MR. CLUFF: Objection. Calls for 19 speculation.</p> <p>20 A. There could be a multitude of 21 reasons. I mean, I don't know the specific 22 reason. I mean, there is a multitude of 23 reasons of why fentanyl replaced a lot of other 24 drugs.</p> <p>25 Q. Are there any that come to mind</p>

<p>1 today?</p> <p>2 MR. CLUFF: Objection to form.</p> <p>3 Calls for speculation. And I caution you not</p> <p>4 to guess.</p> <p>5 A. Specifically, I can't give you</p> <p>6 specifics.</p> <p>7 Q. I believe you testified earlier</p> <p>8 that you are able to get addicts into treatment</p> <p>9 if they so desire; do you recall that</p> <p>10 testimony?</p> <p>11 A. Yes.</p> <p>12 Q. What did you mean by that?</p> <p>13 A. We have -- not so much partnered,</p> <p>14 but the ADAMHS board in Cleveland, which</p> <p>15 assists mentally challenged, partnered with us,</p> <p>16 and we have a program called LEADS, which is</p> <p>17 law enforcement assisted detox.</p> <p>18 If I respond to a hospital and</p> <p>19 someone so desires detox, I can call one of</p> <p>20 three places, and as soon as that person is</p> <p>21 discharged from a hospital, either myself or a</p> <p>22 zone car will take him immediately to a detox</p> <p>23 center to start aiding in treatment.</p> <p>24 Q. Now, if an individual declines that</p> <p>25 offer, that opportunity to go to treatment at</p>	<p>Page 375</p> <p>1 officer usually respond to the scene, even if</p> <p>2 it is not a HIDI investigator?</p> <p>3 A. Ideally. Ideally a marked uniform,</p> <p>4 you know, first responder, police car, uniform,</p> <p>5 would respond. There are instances where EMS</p> <p>6 may arrive, and the person needs to get rushed</p> <p>7 to the hospital right away, and they leave</p> <p>8 prior to a police car arriving.</p> <p>9 We do have a protocol in place</p> <p>10 though, however, if when that person leaves the</p> <p>11 house, if they are not conscious or have not</p> <p>12 regained consciousness through the use of</p> <p>13 Narcan, then that police car is to maintain</p> <p>14 custody of that house or stay at that house so</p> <p>15 we can respond, because we would then process</p> <p>16 that as a potential fatal overdose. At that</p> <p>17 time the collection of evidence is prudent.</p> <p>18 Q. Do you have a sense as how often in</p> <p>19 a nonfatal fatal overdose an ununiformed officer</p> <p>20 will respond to the scene?</p> <p>21 A. I can't give you a specific</p> <p>22 percentage or number, but ideally, every time.</p> <p>23 If they were notified by EMS, they may respond</p> <p>24 to the scene, but EMS may already be gone, so</p> <p>25 they don't actually physically go inside, but</p>
<p>Page 376</p> <p>1 that point in time, is there any follow-up done</p> <p>2 with respect to that individual?</p> <p>3 A. What do you mean by "follow-up"?</p> <p>4 Q. Are treatment services</p> <p>5 provided -- offered at any other point in time,</p> <p>6 as a regular practice, to that individual?</p> <p>7 A. Metro Hospital has a program called</p> <p>8 Ascent, A-S-C-E-N-T, where they also assist</p> <p>9 with detox or treatment options. I can't speak</p> <p>10 on if there is a follow-up with them.</p> <p>11 I always leave a business card with</p> <p>12 an addict. Should they decide that maybe they</p> <p>13 don't want detox that day, but a week from now</p> <p>14 they go, hey, I need some help, I'm still able</p> <p>15 to try to assist in helping, but as far as me</p> <p>16 reaching out to them personally, I can't.</p> <p>17 Q. Understood. And just so the record</p> <p>18 is clear, you don't provide their information</p> <p>19 to some other service to follow up?</p> <p>20 A. No.</p> <p>21 Q. Now, you testified that sometimes</p> <p>22 you are not actually -- you don't actually</p> <p>23 respond to a scene of the overdose, you meet</p> <p>24 the individual at the hospital.</p> <p>25 In these instances, does a police</p>	<p>Page 378</p> <p>1 they would respond to the scene.</p> <p>2 As far as exact numbers, I can't</p> <p>3 give you numbers. I have no idea. Ideally, if</p> <p>4 we are called, a police car would respond.</p> <p>5 They may not be able to go if emergency</p> <p>6 services have already left.</p> <p>7 Q. Understood. And when officers do</p> <p>8 respond to the scene, if they are let inside,</p> <p>9 they are trained to look for packaging?</p> <p>10 MR. CLUFF: Objection to form.</p> <p>11 Assumes facts.</p> <p>12 A. They are advised to look for</p> <p>13 packaging. If they see packaging and they</p> <p>14 determine that they are comfortable collecting</p> <p>15 it and transporting it to the hospital to meet</p> <p>16 us, they will.</p> <p>17 Fentanyl is very dangerous. Some</p> <p>18 officers don't want to get near it. So if they</p> <p>19 are afraid to collect for fear of an accidental</p> <p>20 ingestion, we will respond to the scene.</p> <p>21 Q. Now, when you testified about your</p> <p>22 investigation of individuals who, according to</p> <p>23 your records, overdosed while taking a</p> <p>24 prescription opioid, whether through a valid</p> <p>25 prescription or not, do you ask the individuals</p>

<p style="text-align: right;">Page 379</p> <p>1 how they took the opioid? 2 A. As far as ingested or snorted? 3 Q. Correct. 4 A. Sometimes. I can't recall doing it 5 every time. Sometimes it is volunteered, "I 6 crushed a perc," but I don't know. Sometimes 7 it comes up. I can't recall specifically 8 asking on each instance. 9 Q. Based on your experience, was it 10 more often the case that those who have 11 overdosed while using a prescription opioid 12 have taken it in one manner versus another? 13 A. I don't know, honestly. And that's 14 based on even if it was a pill overdose. 15 I mean, that's what is being 16 purported to us. Sometimes information is 17 purported because they don't want it to look 18 like a certain other type of overdose, but as 19 far as your specific question, I don't know, I 20 really don't know. 21 Q. What is an example of another type 22 of overdose they don't want it to look like? 23 A. What do you mean? 24 Q. You just said that sometimes they 25 might say one thing so it doesn't look like a</p>	<p style="text-align: right;">Page 381</p> <p>1 doctor information, I'll definitely provide 2 that information to diversion. 3 Q. So are you trained to administer 4 Narcan? 5 A. Yeah. We have all watched, yeah, 6 yes. I mean, it's not really a training, it's 7 a video, and we went to an EMS demonstration. 8 We have all been trained. I guess you would 9 say trained. It's not like you get a Narcan 10 certificate, you know, but, yeah, we have been 11 advised on how to provide it. 12 Q. Do you recall when you received 13 that? 14 A. I mean, I watched a video. We 15 also, myself personally, I taught -- I gave a 16 quick ten-minute preparation to EMS, like their 17 inservice, their yearly requalification. 18 And then all of our officers had to 19 go through it in the department, and we would 20 sit in on those classes to let the uniformed 21 guys know what we do specifically. So I saw 22 the whole department get taught how to use it, 23 so I sat in on those too. So numerous times. 24 Q. And what is your understanding of 25 what the proper criteria are to use when</p>
<p style="text-align: right;">Page 380</p> <p>1 different type of overdose. I'm just trying to 2 understand what falls into the second category? 3 A. Heroin overdose. They don't want 4 their family to know that they ingested heroin. 5 A Percocet overdose might not look so bad to 6 the family member, that they progressed to the 7 next step. 8 Q. You testified with respect to at 9 least one particular case that you referred the 10 case to the diversion unit; do you recall that? 11 A. Earlier today? 12 Q. Yes. 13 A. Yes. 14 Q. How do you determine when to refer 15 a case to the diversion unit? 16 A. When it deals specifically with 17 doctors, I'll pass that information on to the 18 division unit. 19 Q. How often is that the case, would 20 you say? 21 MR. CLUFF: Object to form. Calls 22 for speculation. 23 A. Whenever I get the information. I 24 mean, I can't give you exact numbers. It's not 25 a lot. It's not a lot. But if I get specific</p>	<p style="text-align: right;">Page 382</p> <p>1 administering Narcan? 2 A. What you mean, like proper 3 criteria? 4 Q. I'll strike the question. 5 How do you determine when to 6 administer Narcan? 7 A. I mean, you have someone that 8 passed out, and they just shot heroin, and they 9 are not breathing, and they are not moving, you 10 administer Narcan. 11 Normally EMS beats us to that 12 before we get there. In my entire career, I 13 have administered Narcan one time. So it is 14 not up to me to make that determination. I 15 know what I see, but the one time I 16 administered it, it came across as a heroin 17 overdose, and I was just around the corner. 18 But normally EMS beats us prior to 19 that. If it's not a heroin overdose, you know, 20 Narcan doesn't have adverse effects to harm a 21 person if they are wrong. 22 MR. GOLDSTEIN: I think that's all I 23 have for today. That you very much. 24 MR. CLUFF: I'm going to ask a few 25 clean-up questions.</p>

<p style="text-align: right;">Page 383</p> <p>1 EXAMINATION OF SCOTT MORAN 2 BY MR. CLUFF: 3 Q. To start, Det. Moran, you were 4 asked a lot today about the HIDI response forms 5 that is Exhibits 20, 23 and 24 to 32, and also 6 about what I believe was referred to as a 7 hybrid reference to ODMap in Case Explorer. 8 First, just to understand, are 9 ODMap and Case Tracker the same thing? 10 A. They are intertwined together. 11 ODMap is actually a live tracking -- overdose 12 tracking server, but the information provided 13 in the ODMap goes go in the Case Explorer. 14 Q. And then you were shown two 15 voluminous printouts that were appreciatively 16 printed on very large paper. That's 21 and 22. 17 Do you know if these are either 18 ODMap or Case Tracker; can you tell by looking 19 at them? 20 A. I believe these are off of ODMap. 21 Q. What is it for you that indicates 22 these are from ODMap? 23 A. The Case Explorer comes out -- you 24 know what, I'll be honest, I'm not sure. I've 25 printed out case-by-case examples. So I don't</p>	<p style="text-align: right;">Page 385</p> <p>1 MR. ROMAN: Object to the form. 2 A. Yes. 3 Q. As a subset of your 4 responsibilities in the narcotics department, I 5 understand that you also investigate heroin and 6 other drug overdoses? 7 A. Yes. 8 Q. So how does investigating heroin 9 overdoses tie into the overall responsibilities 10 of getting drugs and drug dealers off the 11 street as a narcotics detective? 12 MR. ROMAN: Object to the form. 13 A. When we would interview the person 14 from a nonfatal overdose, if they are able to 15 provide suspect information and were able to 16 identify who that suspect is, we initiate an 17 investigation, and ideally, we can arrest that 18 person, if not for the overdose, but for 19 selling drugs in the City of Cleveland. 20 Q. So the purpose of filling out the 21 HIDI response form and including information in 22 Case Tracker or ODMap was not to document a 23 victim's drug use history, it was to identify 24 drug dealers? 25 A. Yes.</p>
<p style="text-align: right;">Page 384</p> <p>1 know if this is -- which format. I've never 2 had the need to print this. I don't know. 3 Q. That's fine either way, but for the 4 record, you can't tell, looking at these 5 printouts today, whether they were printed from 6 the ODMap or Case Tracker? 7 A. Yeah. 8 MR. GOLDSTEIN: Objection to form. 9 Q. So I want to take a step back and 10 kind of understand how the HIDI response forms 11 and the ODMap in Case Tracker, and does that 12 information relate to your job responsibilities 13 as a narcotics detective. 14 So to back up, your primary 15 responsibility in the Cleveland Police 16 Department is as a narcotics detective, 17 correct? 18 A. Yes. 19 Q. And if I have understood it 20 correctly today during your deposition, your 21 job as a narcotics detective is essentially to 22 get drugs and drug dealers off the street and 23 help addicts get into treatment? 24 MR. ROMAN: Object to the form. 25 Q. Is that accurate?</p>	<p style="text-align: right;">Page 386</p> <p>1 MR. ROMAN: Object to the form. 2 Q. So then in filling out -- or in 3 pursuing that goal of finding the drug dealer, 4 was it essential or predictable that you 5 identify a victim's drug use history? 6 MR. ROMAN: Object to the form. 7 A. No. 8 Q. The HIDI response forms, going back 9 to those, just generally, those are filled out 10 either at the scene or at a hospital -- at a 11 hospital, essentially? 12 A. Yes. 13 Q. And would you describe those as 14 ideal conditions for conducting an interview? 15 MR. ROMAN: Object to the form. 16 A. No. 17 Q. Why not? 18 A. When you are at the scene at a 19 fatal, it is chaotic. Family members crying, a 20 lot of activity. 21 Hospitals sometimes, you know, they 22 are being worked on by ER staff. Sometimes it 23 is hard to conduct that interview, not to 24 mention their high just got taken away from the 25 use of Narcan. They can get angry, they are</p>

<p style="text-align: right;">Page 387</p> <p>1 not happy, but they are not all the time in the 2 most ideal situation. 3 Q. And again, when you are filling out 4 a HIDI response form, the goal there is to 5 identify the drug dealers and the drug, right, 6 not the drug history? 7 MR. GOLDSTEIN: Objection to form. 8 Q. So that's not information that 9 always, necessarily, gets recorded in a HIDI 10 response form? 11 MR. ROMAN: Same objection. 12 A. Correct. 13 Q. And if it is learned about during a 14 verbal discussion, does that guarantee that it 15 gets recorded in a written format in the HIDI 16 response form? 17 MR. GOLDSTEIN: Same objection. 18 A. It is not guaranteed. I try to 19 include it every time I can. I can't speak for 20 everyone. It is not guaranteed. 21 Q. So earlier you were asked by 22 counsel a question about your prior testimony, 23 and you represented that you previously 24 testified that the vast majority of heroin 25 overdoses started with prescription pills. Is</p>	<p style="text-align: right;">Page 389</p> <p>1 prior drug use? 2 MR. ROMAN: Same objections. 3 A. Sure. 4 Q. And then I'm going to ask you about 5 Case Tracker. 6 First of all, we were asked about 7 these Case Tracker ODMap forms, Exhibit 21 and 8 22. In each of these forms, there is a column 9 that has a narrative; do you see that? 10 A. Yes. 11 Q. And that appears to be a much more 12 detailed description of information that is 13 included in the additional info section of the 14 HIDI response form; is that correct? 15 MR. ROMAN: Object to the form. 16 A. Yes. 17 Q. Why is there so much more detailed 18 information included in the narrative in the 19 ODMap and Case Tracker as compared to the HIDI 20 response form? 21 MR. ROMAN: Objection to the form. 22 A. Again, this was originally, this is 23 a go-by for you us to just puts notes in at the 24 hospital so we have something to log it. This 25 is a more of a formal document, where we are</p>
<p style="text-align: right;">Page 388</p> <p>1 that still your recollection? 2 A. Yeah, my recollection. 3 Q. And I believe you were asked about 4 the 317 HIDI response forms that are included 5 in Exhibit 23. Would those 317 always 6 necessarily including information about prior 7 drugs use, if it was learned? 8 MR. ROMAN: Object to the form. 9 Asked and answered. 10 A. I would have liked a breakdown on 11 this. You have 317. I don't know how many are 12 nonfatales and fatales. Obviously, if it is a 13 fatal, we can't interview that person to find 14 out how they started. But, I mean, through the 15 course of building a rapport with someone that 16 survives, I do try to obtain that information. 17 Q. And if you do obtain that 18 information, sometimes it is recorded in a HIDI 19 response form, but not always? 20 MR. ROMAN: Object to the form. 21 Asked and answered. Leading. 22 A. Yes. 23 Q. So just reviewing your HIDI 24 response form is not an accurate way of 25 ascertaining your knowledge about a victim's</p>	<p style="text-align: right;">Page 390</p> <p>1 actually putting a narrative in. 2 Q. So the HIDI response form is sort 3 of like Cliff Notes of what you learned during 4 the interview at the scene, correct? 5 MR. ROMAN: Objection to the form. 6 A. Yes. 7 Q. But it is not a perfect recitation 8 of everything that you learned at the scene? 9 MR. ROMAN: Objection to the form. 10 A. Yes. 11 Q. The Case Tracker and ODMap 12 narrative section is a more detailed and 13 complete statement of information that's 14 contained? 15 MR. ROMAN: Objection to the form. 16 A. That's correct. 17 Q. And the ODMap and Case Tracker, 18 relating back to your overall goal as a 19 narcotics detective, are these again tools you 20 would use to help you track down drug dealers 21 and to get drugs off the street in Cleveland? 22 MR. ROMAN: Objection to the form. 23 A. Yes. 24 Q. And again, to accomplish this goal, 25 is it necessary that you record in Case Tracker</p>

<p style="text-align: right;">Page 391</p> <p>1 a victim's prior drug use?</p> <p>2 A. No.</p> <p>3 Q. So even if you had learned about</p> <p>4 that in a verbal interview, it might not</p> <p>5 necessarily be written in ODMap or Case</p> <p>6 Tracker?</p> <p>7 MR. ROMAN: Objection to the form.</p> <p>8 A. Correct.</p> <p>9 Q. So once again, although you</p> <p>10 attempted to be accurate when creating these</p> <p>11 narratives, it doesn't necessarily always</p> <p>12 reflect your personal knowledge about a</p> <p>13 victim's prior drug use?</p> <p>14 MR. ROMAN: Objection to the form.</p> <p>15 A. Correct.</p> <p>16 Q. Okay. You were also asked some</p> <p>17 questions earlier about specific pharmacies.</p> <p>18 Do you recall being asked those questions?</p> <p>19 A. I do.</p> <p>20 Q. It is not within your job</p> <p>21 responsibilities in the narcotics unit to</p> <p>22 investigate pharmacies, is it?</p> <p>23 MR. ROMAN: Objection to the form.</p> <p>24 A. It is not.</p> <p>25 Q. So you wouldn't have had any reason</p>	<p style="text-align: right;">Page 393</p> <p>1 it's just packaging. It is what ideally would</p> <p>2 hold the drug.</p> <p>3 However, some drug dealers don't</p> <p>4 use packaging. It's known that we are able to</p> <p>5 obtain information off of packaging. I have</p> <p>6 done undercover operations, hand-to-hand</p> <p>7 transactions, where loose fentanyl was just put</p> <p>8 right in my hand, with no packaging, because</p> <p>9 there is no way of tracing what it came in and</p> <p>10 linking it to someone.</p> <p>11 Q. You talked earlier about packaging</p> <p>12 related to -- in relation to prescription</p> <p>13 drugs, and if a person obtains a prescription</p> <p>14 from their doctor and then they acquire a</p> <p>15 prescription opioid, is it going to come in a</p> <p>16 prescription kind of packaging?</p> <p>17 A. In my narcotics mentality, I don't</p> <p>18 consider that packaging. I consider that a</p> <p>19 pill bottle. I guess it's packaging, it is</p> <p>20 what it came in, but for me prescription pills</p> <p>21 come in a prescription pill bottle.</p> <p>22 If you talk -- if you're buying</p> <p>23 prescription pills illegally off the street, it</p> <p>24 comes in a package, a piece of paper, a plastic</p> <p>25 bag or something, not necessarily in the pill</p>
<p style="text-align: right;">Page 392</p> <p>1 to investigate pharmacies?</p> <p>2 MR. ROMAN: Object to the form.</p> <p>3 A. I would not.</p> <p>4 Q. You talked earlier with counsel</p> <p>5 about packaging; do you recall that?</p> <p>6 A. I do.</p> <p>7 Q. What do you mean when you refer to</p> <p>8 packaging?</p> <p>9 A. Packaging is what the drug would</p> <p>10 come in, if it's packaged. It could be a zip</p> <p>11 lock bag, take the corner, put the drugs in the</p> <p>12 corner of the zip lock bag, pull it, tie it,</p> <p>13 that's packaging.</p> <p>14 Inch-by-inch wax bags, which used</p> <p>15 to be the stamped bags, is what used to be</p> <p>16 really popular with heroin. Little Velcro --</p> <p>17 not Velcro, but zip lock at the top, a little</p> <p>18 inch by inch, which is really popular.</p> <p>19 Lottery tickets, you know, a roll</p> <p>20 of lottery tickets, just rip a little piece</p> <p>21 off, do a six-to-eight fold.</p> <p>22 But now it's evolved to anything</p> <p>23 from pieces of magazines. Certain crews will</p> <p>24 use certain types of magazines. It could be</p> <p>25 just a receipt, you know, a McDonald's, and</p>	<p style="text-align: right;">Page 394</p> <p>1 bottle itself.</p> <p>2 Q. So if somebody obtains prescription</p> <p>3 pills right off the street, right, not from a</p> <p>4 doctor, then there would be some form of</p> <p>5 packaging sometimes?</p> <p>6 MR. ROMAN: Object to the form.</p> <p>7 A. It would depend. It could be in a</p> <p>8 zip lock bag or just, "Here's the pills."</p> <p>9 Q. Have you ever seen illicit drugs</p> <p>10 come in pill bottles for packaging?</p> <p>11 A. Yeah, I have seen it. Yeah, I have</p> <p>12 seen, you know, a pill bottle with heroin in it</p> <p>13 or coke in it or marijuana. I mean, marijuana</p> <p>14 is something that smells, and with that pill</p> <p>15 bottle, it is going to seal so maybe you won't</p> <p>16 smell it, per se, coming out. But, yeah, I've</p> <p>17 seen illicit drugs in pill bottles.</p> <p>18 Q. You talked earlier about a scene</p> <p>19 where you responded to an overdose on the</p> <p>20 gentleman's birthday and there was a note that</p> <p>21 there was no packaging.</p> <p>22 So was that an indication -- was</p> <p>23 there any specific indication to you about the</p> <p>24 kind of overdose he had because there was no</p> <p>25 packaging?</p>

<p style="text-align: right;">Page 395</p> <p>1 MR. ROMAN: Can I take the question 2 again?</p> <p>3 Q. Okay. I'll repeat it.</p> <p>4 Was there, did the absence of 5 packaging at that scene indicate any kind of a 6 specific overdose to you?</p> <p>7 A. It's kind of hard to answer. I 8 mean, you know, we like to look at everything 9 as a possible heroin overdose. Obviously, 10 there is times that they are not.</p> <p>11 The absence of packaging, I have 12 been in over 900 fatalities of -- you know, 13 bodies I've stepped over, and you have all 14 kinds of ideas that go through your head: Was 15 this a heroin overdose, did the wife clean it 16 up, did he use at the neighbor's house and just 17 walk home and pass away?</p> <p>18 Our initial investigation is us 19 talking amongst ourselves, what do you think, 20 how do you feel about this, what could this be, 21 what could that be.</p> <p>22 So, I mean, I have done so many of 23 them, you don't get an initial this was 24 definitely this, and just because in that case 25 the wife said he abused pills, it doesn't mean</p>	<p style="text-align: right;">Page 397</p> <p>1 assumption on that, but even then, it is not 2 100 percent.</p> <p>3 MR. CLUFF: That's all I have.</p> <p>4 MR. ROMAN: I have one, possibly 5 two more questions.</p> <p>6 EXAMINATION OF SCOTT MORAN 7 BY MR. ROMAN:</p> <p>8 Q. Det. Moran, when you have a fatal 9 overdose, you can, in fact, ask friends and 10 family about the overdose victim's drug 11 history; can you not?</p> <p>12 MR. CLUFF: Objection to form. 13 Calls for speculation. Incomplete 14 hypothetical.</p> <p>15 A. I can.</p> <p>16 Q. And you, in fact, do that as part 17 of your regular practice; do you not?</p> <p>18 A. Sir, the object of us responding to 19 a fatal overdose is to hold that drug dealer 20 that sold it accountable.</p> <p>21 Throughout the course of bonding 22 with the family or trying to -- you know, we 23 are there for a while. We are there waiting 24 for personnel to show up. If that information 25 comes out and it's volunteered by that family,</p>
<p style="text-align: right;">Page 396</p> <p>1 this was a pill overdose. Very easily he could 2 have done some heroin at bar, and by the time 3 he got home, it hit him and he passed out.</p> <p>4 The absence of packaging doesn't 5 tell us a lot all the time. Sometimes it does, 6 if we know for a fact it was heroin. Like 7 there is a syringe, there is a text message 8 that says, "Give me the dog food," which is 9 slang for heroin, and all of a sudden there is 10 nothing there. But we know he was with people, 11 that tells us someone cleaned that scene.</p> <p>12 So it's a case-by-case scenario.</p> <p>13 The absence of packaging in that case didn't 14 really raise any red flags for us.</p> <p>15 Q. Its sounds like the investigation 16 of these fatal and nonfatal overdoses is kind 17 of a fluid process, right?</p> <p>18 MR. ROMAN: Object to the form.</p> <p>19 A. Absolutely.</p> <p>20 Q. You can't make any absolute 21 conclusion based on one factor or other?</p> <p>22 MR. ROMAN: Object to the form.</p> <p>23 A. Not an absolute, no. Obviously, if 24 you have a body and a needle is still in the 25 guy's arm, you can make a pretty fair</p>	<p style="text-align: right;">Page 398</p> <p>1 obviously that's information we will take, but 2 when that person died, that person's drug 3 history really is irrelevant to us. Our 4 relevancy is someone is selling something that 5 killed him or her and could potentially kill 6 someone else.</p> <p>7 So our focus is in a totally 8 different direction. If that information comes 9 out, we'll hear it, but our focus is a totally 10 different direction on that.</p> <p>11 Q. So you are not concerned at all 12 about, for example, trying to learn how people 13 become addicted to prescription opioids in 14 general?</p> <p>15 MR. CLUFF: Objection. Misstates 16 the testimony.</p> <p>17 Q. Let me withdraw.</p> <p>18 So you are not concerned at all 19 about how people become addicted to heroin and 20 fentanyl, as a general matter?</p> <p>21 MR. CLUFF: Same objection. 22 Misstates testimony.</p> <p>23 Are you asking him specifically, or 24 in his role as a narcotics investigator?</p> <p>25 A. Are you referring to a fatal or</p>

<p style="text-align: right;">Page 399</p> <p>1 nonfatal?</p> <p>2 Q. Well, I mean, your job, as I 3 understand it, and we all appreciate it, is to 4 make the streets safe and to help address the 5 opioid epidemic, correct?</p> <p>6 MR. CLUFF: Objection. Misstates 7 testimony.</p> <p>8 A. My job is to get drug dealers and 9 drugs off the street, absolutely.</p> <p>10 Q. And sometimes you respond to fatal 11 overdoses and sometimes they are nonfatal, 12 right?</p> <p>13 A. Right.</p> <p>14 Q. And one of the reasons -- one of 15 the things with a nonfatal is you want to find 16 out what is going on with the person and how 17 the person became addicted to whatever it is he 18 overdosed on, right?</p> <p>19 MR. CLUFF: Objection. Misstates 20 testimony.</p> <p>21 A. That is part of my questioning to 22 build a rapport with that person. Just to 23 talk, treat them as a human, not as a jerk cop 24 coming in yelling at you for being an addict. 25 I sit and talk. I mean, I want to understand</p>	<p style="text-align: right;">Page 401</p> <p>1 want, because I ultimately want that drug 2 dealer. I don't want other people to die.</p> <p>3 If I can earn a trust and a rapport 4 by talking to that person, treating them as a 5 human, understanding how their addiction got to 6 where it is, to get them to provide information 7 to me, as far as who that drug dealer is, I'm 8 going to sit there and talk to them about what 9 color the sky is. I'm going to get as much 10 information from them and earn their trust as I 11 possibly can to get them to relay information 12 to me.</p> <p>13 Q. But when we met in December, you 14 testified that there was a high number, you 15 weren't specific, but there was a high number 16 of folks who began down the path of addiction 17 with prescription opioids; do you recall that?</p> <p>18 A. I do.</p> <p>19 Q. And you reached that conclusion, 20 you said, on the basis of talking to victims 21 and family members, correct?</p> <p>22 A. Yes.</p> <p>23 Q. And one of the reasons that you 24 reached this conclusion, one of the things 25 that -- one of the reasons why you noticed this</p>
<p style="text-align: right;">Page 400</p> <p>1 them. I mean, I actually care about what 2 happens to addicts. I don't want to step over 3 a thousand bodies.</p> <p>4 Q. Right.</p> <p>5 A. So it is part of my questioning how 6 they got started. It's my natural curiosity.</p> <p>7 Q. Right. So one of the ways you can 8 step over fewer bodies is if you help find out 9 what leads to all those bodies -- all those 10 people dying in the first instance, right?</p> <p>11 MR. CLUFF: Object to form. Calls 12 for speculation, exert opinion, and misstates 13 testimony.</p> <p>14 Q. You're not trying to find out why 15 there is so many bodies out there?</p> <p>16 MR. CLUFF: Objection to form, 17 argumentative, calls for speculation, and 18 misstates testimony.</p> <p>19 A. I'm not even sure you have asked 20 the question. How that person started is 21 curious to me and how they progressed to that. 22 How that person started is not going to stop 23 other people from dying. The information they 24 provide, as far as suspects, who provided the 25 drugs, that's the information I ultimately</p>	<p style="text-align: right;">Page 402</p> <p>1 is that this is part of your concern, is that 2 there are too many prescription opioids out 3 there, right?</p> <p>4 MR. CLUFF: Objection to form. Do 5 you have a specific citation on the testimony 6 you are referring to? Because at this point, 7 you are now talking about his prior testimony. 8 I see he has a copy of the depo.</p> <p>9 Q. You can answer the question.</p> <p>10 MR. CLUFF: If you can recall that 11 that was your testimony, you can answer.</p> <p>12 A. I can't recall.</p> <p>13 Q. Well, I'm not asking you to recall 14 anything. I'm asking -- well let me ask this 15 question: Have you drawn conclusions about the 16 causes of the opioid epidemic in Cleveland?</p> <p>17 MR. CLUFF: Objection to form, 18 calls for an expert conclusion, and 19 speculation. You can testify about your 20 experience.</p> <p>21 A. I'm not drawing a conclusion to the 22 overall opioid epidemic in Cleveland.</p> <p>23 Q. So you don't have any views as to 24 whether or not there are too many prescription 25 opioids out there?</p>

<p style="text-align: right;">Page 403</p> <p>1 MR. CLUFF: Objection to form. 2 Argumentative. Calls for speculation. 3 Misstates testimony. 4 A. I don't have an opinion. My job is 5 to get drugs off the street. 6 MR. ROMAN: Thank you. No further 7 questions. 8 EXAMINATION OF SCOTT MORAN 9 BY MR. GOLDSTEIN: 10 Q. Just a couple more questions. 11 You testified that in 2017, you 12 began asking every time about whether an 13 individual had used prescription opioids 14 previously; is that accurate? 15 MR. CLUFF: Objection. That 16 misstates testimony. 17 A. I don't feel it is accurate. I 18 mean, maybe I started getting more diligent 19 about documenting that in 2017. I can't say 20 every time. I mean, I walk into a room and a 21 guy is going to tell me go "F" myself. 22 If I build a rapport and there is a 23 conversation and time talking back and forth 24 with someone, I ask. To say every time, it's 25 an unfair label.</p>	<p style="text-align: right;">Page 405</p> <p>1 recall any direct order or any direct 2 communication or specific commands or any of 3 that stuff. 4 Q. I believe you also testified that 5 for your unit, that was the practice, in your 6 unit, was to ask about historical drug use as 7 of 2017? 8 MR. CLUFF: Objection. Misstates 9 testimony. 10 A. I don't recall saying as a unit. I 11 recall speaking of myself personally. I mean, 12 I always ask. 13 Q. Do you know if others in your unit 14 also ask? 15 A. I believe they do. I have been 16 with one partner that I've heard him ask in the 17 past. Again, I could speak for myself. 18 Q. And you were asked to talk to them 19 about why they asked that question? 20 A. No. 21 Q. And on a separate topic, when you 22 identified a nonfatal, when you responded to a 23 nonfatal overdose, is there any effort made to 24 flag that individual or in any way to prevent 25 them from getting a prescription opioid in the</p>
<p style="text-align: right;">Page 404</p> <p>1 Q. I understand. That was part of 2 your common practice? 3 MR. CLUFF: Objection. Misstates 4 testimony. 5 A. I attempt to at every opportunity. 6 Q. Why was there -- why did you start 7 doing that in 2017? 8 A. Again, our unit has been a fluid 9 unit. It evolved. We just started documenting 10 more information. 11 Q. Was there any directive that came 12 down to you regarding asking for that 13 prescription opioid history? 14 MR. CLUFF: Object to form. 15 A. There was no written directive. I 16 don't recall a directive. I mean, I always 17 asked, and we decided to start documenting. I 18 mean, I can't even say if everyone documents. 19 I try to when I'm able to. 20 Q. But was there any kind of 21 communication in your unit on that? 22 MR. CLUFF: Objection. Vague as to 23 communication. 24 A. Not that I recall. I have always, 25 like I said, I have always done it. I don't</p>	<p style="text-align: right;">Page 406</p> <p>1 future? 2 MR. CLUFF: Objection to form. 3 Calls for speculation. 4 A. No, no. I mean that's nothing that 5 we did, no. 6 Q. Are you familiar with the OARRS 7 database? 8 A. I am. 9 Q. Do you ever -- you never input 10 information into OARRS? 11 A. I don't. 12 Q. And information you collect on 13 nonfatal overdoses, as far as you know, is 14 never added into the OARRS database? 15 MR. CLUFF: If you know. 16 A. Not to my knowledge. 17 MR. GOLDSTEIN: I have nothing 18 further. 19 MR. ROMAN: Thank you. 20 MR. CLUFF: He will read the 21 deposition. 22 (Deposition concluded at 10:26 a.m.) 23 ----- 24 25</p>

<p style="text-align: right;">Page 407</p> <p>1 Whereupon, counsel was requested to give 2 instruction regarding the witness's review of 3 the transcript pursuant to the Civil Rules. 4 5 SIGNATURE: 6 Transcript review was requested pursuant to the 7 applicable Rules of Civil Procedure. 8 9 TRANSCRIPT DELIVERY: 10 Counsel was requested to give instruction 11 regarding delivery date of transcript. 12 13 14 15 16 17 18 19 20 21 22 23 24 25</p>	<p style="text-align: right;">Page 409</p> <p>1 I do further certify that I am not 2 a relative, counsel or attorney for either 3 party, or otherwise interested in the event of 4 this action. 5 IN WITNESS WHEREOF, I have hereunto 6 set my hand and affixed my seal of office at 7 Cleveland, Ohio, on this 2nd day of 8 April, 2019. 9 10 11 12 13  14 Wendy L. Klauss, Notary Public 15 within and for the State of Ohio 16 17 My commission expires July 13, 2019. 18 19 20 21 22 23 24 25</p>
<p style="text-align: right;">Page 408</p> <p>1 REPORTER'S CERTIFICATE 2 The State of Ohio,) 3 SS: 4 County of Cuyahoga.) 5 6 I, Wendy L. Klauss, a Notary Public 7 within and for the State of Ohio, duly 8 commissioned and qualified, do hereby certify 9 that the within named witness, SCOTT MORAN, was 10 by me first duly sworn to testify the truth, 11 the whole truth and nothing but the truth in 12 the cause aforesaid; that the testimony then 13 given by the above-referenced witness was by me 14 reduced to stenotypy in the presence of said 15 witness; afterwards transcribed, and that the 16 foregoing is a true and correct transcription 17 of the testimony so given by the 18 above-referenced witness. 19 I do further certify that this 20 deposition was taken at the time and place in 21 the foregoing caption specified. 22 23 24 25</p>	<p style="text-align: right;">Page 410</p> <p>1 Veritext Legal Solutions 2 1100 Superior Ave 3 Suite 1820 4 Cleveland, Ohio 44114 5 Phone: 216-523-1313 6 April 2, 2019 7 To: Sterling Cluff 8 Case Name: In Re: National Prescription Opiate Litigation v. 9 Veritext Reference Number: 3272305 10 Witness: Scott Moran, Vol II Deposition Date: 3/27/2019 11 Dear Sir/Madam: 12 Enclosed please find a deposition transcript. Please have the witness 13 review the transcript and note any changes or corrections on the 14 included errata sheet, indicating the page, line number, change, and 15 the reason for the change. Have the witness' signature notarized and 16 forward the completed page(s) back to us at the Production address 17 shown 18 If the errata is not returned within thirty days of your receipt of 19 this letter, the reading and signing will be deemed waived. 20 21 Sincerely, 22 Production Department 23 24 25 NO NOTARY REQUIRED IN CA</p>

<p>1 DEPOSITION REVIEW CERTIFICATION OF WITNESS</p> <p>2 ASSIGNMENT REFERENCE NO: 3272305</p> <p>3 CASE NAME: In Re: National Prescription Opiate Litigation v. DATE OF DEPOSITION: 3/27/2019</p> <p>4 WITNESS' NAME: Scott Moran, Vol II</p> <p>5 In accordance with the Rules of Civil Procedure, I have read the entire transcript of my testimony or it has been read to me.</p> <p>6 I have made no changes to the testimony as transcribed by the court reporter.</p> <p>7</p> <p>8</p> <p>9 Date Scott Moran, Vol II</p> <p>10 Sworn to and subscribed before me, a Notary Public in and for the State and County, the referenced witness did personally appear and acknowledge that:</p> <p>11</p> <p>12 They have read the transcript; They signed the foregoing Sworn Statement; and</p> <p>13 Their execution of this Statement is of their free act and deed.</p> <p>14</p> <p>15 I have affixed my name and official seal</p> <p>16 this _____ day of _____, 20 _____. 17</p> <p>18 Notary Public</p> <p>19 Commission Expiration Date 20 21 22 23 24 25</p>	<p>Page 411</p> <p>1 ERRATA SHEET VERITEXT LEGAL SOLUTIONS MIDWEST</p> <p>2 ASSIGNMENT NO: 3/27/2019</p> <p>3 PAGE/LINE(S) / CHANGE /REASON</p> <p>4 _____ 5 _____ 6 _____ 7 _____ 8 _____ 9 _____ 10 _____ 11 _____ 12 _____ 13 _____ 14 _____ 15 _____ 16 _____ 17 _____ 18 _____ 19 _____ 20 Date Scott Moran, Vol II 21 SUBSCRIBED AND SWORN TO BEFORE ME THIS _____ 22 DAY OF _____, 20 _____. 23 Notary Public 24 25 Commission Expiration Date</p>
<p>1 DEPOSITION REVIEW CERTIFICATION OF WITNESS</p> <p>2 ASSIGNMENT REFERENCE NO: 3272305</p> <p>3 CASE NAME: In Re: National Prescription Opiate Litigation v. DATE OF DEPOSITION: 3/27/2019</p> <p>4 WITNESS' NAME: Scott Moran, Vol II</p> <p>5 In accordance with the Rules of Civil Procedure, I have read the entire transcript of my testimony or it has been read to me.</p> <p>6 I have listed my changes on the attached Errata Sheet, listing page and line numbers as well as the reason(s) for the change(s).</p> <p>7 I request that these changes be entered as part of the record of my testimony.</p> <p>8</p> <p>9 I have executed the Errata Sheet, as well as this Certificate, and request and authorize that both be appended to the transcript of my testimony and be incorporated therein.</p> <p>10</p> <p>11</p> <p>12</p> <p>13 Date Scott Moran, Vol II</p> <p>14</p> <p>15</p> <p>16</p> <p>17 They have read the transcript; They have listed all of their corrections in the appended Errata Sheet; They signed the foregoing Sworn Statement; and</p> <p>18 Their execution of this Statement is of their free act and deed.</p> <p>19</p> <p>20</p> <p>21 I have affixed my name and official seal</p> <p>22 this _____ day of _____, 20 _____. 23</p> <p>24 Notary Public</p> <p>25 Commission Expiration Date</p>	<p>Page 412</p>

[& - 3]

Page 1

&	10:26 406:22 10s 343:15 11 358:12 1100 287:22 410:1 11401 370:1 1211 288:6,7 13 409:17 138 290:8 313:22 314:6 14 355:5 356:3,14 356:20,21,25,25 15 357:2 363:3,8,21 335:23 16 364:19,20 140 339:5 341:13 15219-6401 288:22 159 287:4 16 315:11 1660 286:23 17 286:9 320:14 17-267254 367:1 17004 369:20 18 320:15 1820 410:2 185th 369:24 1879 362:6 1888 317:23,25 19 354:10 1999 288:17 1:18 286:16	2013 322:19 371:21 2014 322:19 371:15,16 372:2,9 2014ish 322:22 2016 314:23 322:7 357:15 358:4,12 360:8 371:13 2017 314:24,25 315:1 317:16 318:17 321:14 323:23 325:12,16 325:17,20 350:19 357:16 358:5,12 360:8 361:6,7 362:9,10 363:22 363:22 366:22 367:4 403:11,19 404:7 405:7 2018 317:16 318:18 323:23 327:10 329:17 334:2 336:16 338:20 343:3 345:19 354:10 2019 286:21 409:8 409:17 410:4 202 288:14 21 290:6 313:6,11 314:3,23 315:4,21 357:12,14 383:16 389:7 210 359:11,13,14 359:15 360:7 212 288:8 21202-1031 287:14 216 287:10,23 216-523-1313 410:3	22 290:8 313:17,21 314:6,24 315:22 315:23 357:20 361:4 366:22 367:4 383:16 389:8 2210 343:8 2222 409:13 23 290:9 316:25 317:2 326:20,23 326:24 383:5 388:5 24 290:11 326:4,12 326:23 330:24 336:10 383:5 2440 287:13 25 290:14 323:23 324:7 329:1,3,10 336:10 252-9060 287:19 26 290:18 333:14 333:22 336:10 27 286:21 290:21 314:23 335:19 336:2 345:19 357:15 28 290:25 315:1 338:4,12 343:3 2804 286:6 284 286:9 287 289:2 29 291:3 338:20 342:14,22 290 289:3 292 289:4 296 290:2 2nd 409:7	3 3 315:11 316:9 359:8
1	2 2 314:24,25 316:8 357:16 359:8 410:4 20 290:2 293:24 296:9 297:5 320:3 345:25 355:12 383:5 411:16 412:22 413:22 20001-4856 288:13	210 359:11,13,14 359:15 360:7 212 288:8 21202-1031 287:14 216 287:10,23 216-523-1313 410:3	3 3 315:11 316:9 359:8	
10-3-76 315:4 100 287:13 351:24 397:2 10036 288:8 109 366:12				

[3/27/2019 - admitted]

Page 2

3/27/2019	410:8 411:3 412:3 413:2	410 287:14 412 288:22 417 362:21,25 424 288:18 44 373:19 44113 287:23 44114 410:2 44114-1190 287:9 44308 287:18 45090 286:16 471-3490 288:22	901 287:9 949-1159 287:14 950 287:22 951-7000 288:5 a a.m. 286:21 406:22 able 301:19,25 307:2,4 311:6 334:8 343:22 354:25 372:15 375:8 376:14 378:5 385:14,15 393:4 404:19 absence 347:1 348:3,24 395:4,11 396:4,13 absolute 396:20 396:23 absolutely 311:10 396:19 399:9 abuse 312:8 abused 348:21 395:25 abusing 312:21 accidental 378:19 accomplish 390:24 account 356:9 367:23 accountable 397:20 accurate 359:19 359:25 361:12 362:18 364:21 384:25 388:24 391:10 403:14,17 acknowledge 411:11 412:16 acquire 393:14 act 411:14 412:20	action 409:4 activity 386:20 actual 299:2 300:23 321:20 322:11,21 323:12 339:12 340:1 341:23 364:16 369:10 adamhs 375:14 add 300:2 added 406:14 addict 355:9,10,14 373:6 376:12 399:24 addicted 398:13 398:19 399:17 addiction 356:24 401:5,16 addicts 307:2 360:17 375:8 384:23 400:2 additional 304:5 327:13 329:19,21 336:18 339:1 343:13 346:8 350:25 354:17 357:8 389:13 address 308:20 343:9 399:4 410:15 addresses 362:2 administer 381:3 382:6,10 administered 331:1 368:8 382:13,16 administering 382:1 admit 352:6 admitted 307:1,4 344:12
4		9		
4	328:14 350:19,21	90 343:15 344:5,14 344:25		
40	349:23	900 395:12		
403	289:6	900067-4643 288:17		
407	362:7 363:21			
408	289:7			

[adverse - based]

Page 3

adverse 382:20	answered 388:9 388:21	389:6 391:16,18 400:19 404:17	august 366:22 367:4
advised 378:12 381:11	anticipating 371:1	405:18,19	authorize 412:11
affixed 409:6 411:15 412:21	anxiety 351:3,11 351:12	asking 309:19 379:8 398:23	automatically 365:19
aforesaid 408:12	anybody 294:21 295:15 303:2,13 358:22	402:13,14 403:12 404:12	ave 410:1
afraid 378:19	apart 294:13	assigned 297:14 307:11 317:22	avenue 287:9,22 288:7,17 369:20 370:2
age 292:1 329:23	appear 317:14 411:11 412:15	318:12 320:6 321:5	aware 325:3
ago 304:16 305:25 322:3 325:9,10,10 333:7	appearances 287:1 288:1 289:2 292:9	assignment 411:2 412:2 413:2	awful 368:14
agree 366:14	appears 317:20	assist 376:8,15	b
ah 331:6	389:11	assisted 319:9 375:17	b 299:23 321:9 355:13,15
ahead 347:18	appended 412:11 412:18	assists 375:15	back 304:17 321:23 322:16,22 323:7 324:3 328:1 332:16 337:15,20 337:21 357:12 370:16 384:9,14 386:8 390:18 403:23 410:15
aiding 375:23	applicable 407:7	assume 360:11 365:20	bad 366:14 380:5
akron 287:18	appreciate 399:3	assumes 347:11 356:10 378:11	badge 318:1
al 286:13,15	appreciatively 383:15	assuming 314:15 360:5	baeppler 299:23 300:7 301:15 318:24 320:3,5 345:23 348:20
allowed 339:3	april 409:8 410:4	assumption 368:15 397:1	bag 310:11 392:11 392:12 393:25 394:8
amazing 343:20	area 373:22	astute 332:9	bags 392:14,15
americas 288:7	argumentative 400:17 403:2	attach 323:12	baltimore 287:14
amerisourceberg... 287:16 292:22	arm 310:10 396:25	attached 412:7	bar 396:2
amount 328:13 352:12 353:3,8 354:24 372:3	arrest 385:17	attempt 404:5	baron 287:3 292:12
analysis 305:4,6	arrested 340:11 341:4	attempted 391:10	baronbudd.com 287:6
analyze 373:18	arrive 296:3 298:19 307:15	attempting 355:6	based 299:6 341:20 346:25 349:10 355:1
andrew 287:17 292:21	377:6	attorney 290:3,11 290:15,18,22,25 291:4,7,11,14	
angeles 287:5 288:17	arriving 377:8	296:10 326:5	
angry 386:25	ascent 376:8	329:4 333:15	
anschock 287:19	ascertaining 388:25	335:20 338:5	
answer 324:2 341:10,11 347:5 348:17,18 360:11 360:13 363:15,17 364:3 373:7,8 374:12 395:7 402:9,11	asked 330:2 367:12 383:4 387:21 388:3,9,21	342:15 345:6 349:16 353:23 409:2	

[based - car]

Page 4

360:13 363:13	293:2,5,8,10	body 299:4 301:23	burling 288:10
364:1,10 365:11	belief 323:19	301:24 302:14	292:15 293:8,10
369:16 379:9,14	believable 352:17	303:6 308:20	business 318:3
396:21	believe 299:1	309:12 310:2	337:18 338:19
basically 358:11	300:15 310:21	396:24	343:4 345:20
basis 401:20	314:10,19 316:11	bonding 397:21	350:20 354:11
bates 290:4,6,8,13	319:13,20 323:21	boston 288:5	376:11
290:16,20,23	327:24 328:6,10	bottle 347:14,25	busy 325:25 332:5
291:2,5,9,12,16	328:12,14,16	348:4 393:19,21	350:4 358:20
296:12 313:13,23	330:8,13,15 332:7	394:1,12,15	buy 300:24 301:3
314:4,7 326:7	337:23,25 340:25	bottles 309:11	buying 393:22
329:6 333:17	344:12,18 346:14	310:2 394:10,17	buzz 365:8
335:22 338:7	348:10 355:20	bottom 327:12	c
342:17 345:8	359:21 361:9	366:21	c 299:11 320:25
349:18 353:25	366:23 368:24	bought 343:24	321:8 376:8
366:16	369:17 375:7	boulevard 287:4	ca 287:5 288:17
bearing 297:6	383:6,20 388:3	box 302:3,6	410:25
326:13 329:11	405:4,15	boxes 298:16	cabinet 322:10
333:23 336:3	believed 340:10,11	boyfriend 340:7	323:1,3
338:13 342:23	342:3 344:23	boylston 288:4	cabinets 322:13,14
345:14 350:14	352:3 367:15	break 312:20	cain 288:20,23
beats 382:11,18	368:6	333:7 339:7 350:1	293:12,13
becoming 325:20	believes 355:13	350:3 367:21	calculation 359:10
began 322:20	berne 286:23	370:10	362:7
325:3 344:3,4	best 340:25	breakdown	call 298:13,22
360:15,21 364:5	big 310:11 316:23	388:10	303:9 375:19
364:10 365:3	353:8	breathing 382:9	called 292:1
371:13,16 372:5	birthday 346:15	brief 332:1 371:11	375:16 376:7
372:16,17 401:16	394:20	briefly 293:25	378:4
403:12	bit 333:11 341:15	294:12	calls 299:6 342:11
beginning 290:4	black 298:21	brookpark 343:9	348:15 363:12
290:12,16,19,23	304:15 329:21	brought 313:7	364:1 368:11
291:1,5,8,12,15	331:9 332:9	brown 355:8	369:15 370:6
296:12 326:7	block 301:7 302:8	bruised 343:16	374:1,11,18 375:3
329:6 333:17	303:11,17 304:3,4	344:6,9,13,15	380:21 397:13
335:22 338:7	304:8	345:1	400:11,17 402:18
342:17 345:8	blue 367:13	budd 287:3 292:12	403:2 406:3
349:18 353:25	bmv 301:20	build 311:7,17	caption 408:21
behalf 287:2,7,11	board 375:14	399:22 403:22	car 298:7,21
287:16,20 288:2	bodies 395:13	building 311:19	299:12,13 304:15
288:10,19 292:24	400:3,8,9,15	388:15	332:7 334:18

[car - cluff]

Page 5

375:22 377:4,8,13 378:4 card 376:11 care 400:1 career 382:12 case 286:8,16 297:13,15 300:8 300:14,15 301:10 304:10,18 305:5,9 305:12,15,18 306:12 307:9,11 308:7,11,12,15,17 310:1,1,18 311:1,2 311:18 312:12,16 313:2,3 314:12,20 318:12 320:1 321:23,24 322:1 322:11,23 323:12 328:19 330:1,6,17 334:17 337:8,12 339:9 340:4 341:25 344:20 346:2,10 348:19 351:9 356:17 357:15 358:17 359:5 361:5 379:10 380:9,10 380:15,19 383:7,9 383:13,18,23,25 383:25 384:6,11 385:22 389:5,7,19 390:11,17,25 391:5 395:24 396:12,12,13 410:6 411:3 412:3 cases 299:5 306:19 318:23 319:2,23 320:13 321:17,25 323:8 344:17 355:19 369:8,10	cash 339:6 341:13 cast 334:12 castleberry 339:5 339:21 340:16 342:8 category 380:2 cause 339:10,12 408:12 caused 351:12 causes 402:16 caution 341:8 375:3 cedar 339:5,21 342:9 cell 303:19 cellphone 304:14 306:12,13 346:18 357:7 center 288:12 375:23 centre 288:21 ceppich 288:18 certain 298:25 299:20 300:11 351:24 352:7,12 379:18 392:23,24 certificate 289:7 381:10 408:1 412:11 certification 411:1 412:1 certified 292:4 certify 408:8,19 409:1 challenged 375:15 chance 318:11 334:20 change 294:3 410:13,14 412:8 413:3	changes 294:8,9 410:12 411:7 412:7,9 chaotic 386:19 charge 323:5 check 298:16 checked 359:7 chesterfield 369:20 choice 374:14 christopher 288:16 chronological 357:19 circumstances 309:14 citation 402:5 city 287:2 288:12 292:13 296:20 385:19 civil 407:3,7 411:5 412:5 claim 328:3 claimed 327:13 328:7 classes 381:20 clean 355:5 356:3 356:20,24 357:2 382:25 395:15 cleaned 396:11 clear 315:11 326:2 372:21 376:18 cleve 290:4,13,16 290:20,23 291:2,5 291:9,12,16 chance 318:7 326:8,14 329:7 333:18,23 335:23 336:3 338:8,14 342:18 345:9,15 349:19 350:15	354:1,6 cleveland 286:24 287:2,9,23 290:3 290:12,15,19,22 291:1,4,8,11,15 292:13 296:4,11 296:20 297:10,18 298:4,5 299:8 326:6 329:5,12 333:16 335:21 338:6 342:16 343:8,9 345:7 349:17 353:24 358:4 369:21 370:5 373:22 374:6,17 375:14 384:15 385:19 390:21 402:16,22 409:7 410:2 cliff 390:3 cline 320:25 close 358:15 cluff 287:4 289:5 292:11,12 294:19 294:24 295:9,16 296:17 312:18 314:1 315:3,12,17 315:23 320:16 324:14 326:22 327:4 332:20 335:13,16 337:6 341:7 342:10 344:10 347:2,11 347:16 348:14 349:25 351:21 353:5 356:8,10 357:18,25 358:9 358:24 359:18 360:10 361:8,11 361:16 362:12 363:4,12,16,25
---	--	---	---

[cluff - correct]

Page 6

366:15,18 368:4 368:10,16,22 369:14 370:6,12 370:22 371:1,6 373:3,25 374:10 374:18 375:2 378:10 380:21 382:24 383:2 397:3,12 398:15 398:21 399:6,19 400:11,16 402:4 402:10,17 403:1 403:15 404:3,14 404:22 405:8 406:2,15,20 410:5 code 306:14,16,17 coke 373:16 394:13 collect 305:1 378:19 406:12 collected 309:24 collecting 378:14 collection 290:9 317:3,7 326:19,21 377:17 color 401:9 colorful 314:1 column 316:1 361:21 362:4,22 389:8 come 305:16,23,25 306:1,3,3,4 332:15 347:9 369:1 374:25 392:10 393:15,21 394:10 comes 379:7 383:23 393:24 397:25 398:8 comfortable 378:14	coming 394:16 399:24 commands 405:2 commission 409:17 411:19 412:25 413:25 commissioned 408:8 commit 355:6,16 common 321:2 404:2 communication 404:21,23 405:2 company 288:19 293:14 compared 389:19 complete 293:20 307:14,18 390:13 completed 297:11 300:7 317:15 327:6 343:2 345:18 354:10 410:15 compound 312:18 348:15 computer 314:17 concern 402:1 concerned 398:11 398:18 conclude 341:17 concluded 341:19 406:22 conclusion 348:16 349:8 374:1,11 396:21 401:19,24 402:18,21 conclusions 346:25 349:6 351:19 402:15 conditions 386:14	conduct 301:3 345:22 346:6 386:23 conducting 386:14 confident 302:2 310:12 confidential 286:20 290:2,11 290:14,18,21,25 291:3,7,10,14 296:10 315:16 326:5 329:4 333:15 335:20 338:5 342:15 345:6 349:16 353:23 confidentiality 315:14,18 confirm 301:19 302:1 confiscates 309:22 connection 330:3 331:13,16,21 332:21 341:4 conscious 377:11 consciousness 351:13 377:12 consider 393:18 393:18 consistent 361:15 368:8,19,21 contact 303:12 contacted 342:8 contained 390:14 container 348:4 contains 361:6 continued 286:18 288:1 controlled 332:12 conversation 403:23	conveyed 334:17 351:5 367:18 cop 399:23 copy 366:19 402:8 corner 382:17 392:11,12 corporation 287:16 288:10 292:16,22 293:8 correct 297:11,19 300:19 303:15 307:16 308:1 309:8 311:24 312:6,12,17,24 314:13 316:17,21 317:18,20 318:1,4 318:16 324:13 327:6,10,11,19 328:4 329:17,18 330:11,12 331:14 331:19 332:19 334:2,5 336:13,16 336:24 337:1 338:20,21,23,24 342:25 343:4,7 344:20 345:16,20 346:3,24 347:10 349:12 350:20,21 350:23 352:20 353:16 354:11,14 355:22 356:3,7,17 358:5 360:5 361:24 362:3,5 365:6 366:10 367:24,25 368:3,9 368:21 369:13 372:24 379:3 384:17 387:12 389:14 390:4,16 391:8,15 399:5 401:21 408:16
--	---	---	--

[corrections - det]

Page 7

corrections 410:12 412:17	crying 386:19	dc 288:13	deposed 292:4
correctly 384:20	curiosity 400:6	dealer 324:21	deposition 286:18
correspond 358:2	curious 400:21	329:25 355:15	293:23 294:14,16
counsel 326:22 387:22 392:4 407:1,10 409:2	current 298:11	386:3 397:19	294:18 295:22,25
counselor 370:12	custody 289:8 377:14	401:2,7	296:9 313:11,21
count 317:11	cuyahoga 286:13 408:4	dealers 305:25	316:8 317:2 326:4
counterfeit 369:2 369:2	cvs 287:11,12 292:20	384:22 385:10,24 387:5 390:20 393:3 399:8	329:3 333:14 335:19 338:4 342:14 345:5
county 286:13 408:4 411:10 412:15	cycle 356:24	deals 380:16	349:15 353:22
couple 299:4 302:4 353:7 403:10	d	dear 410:10	360:2 384:20
course 318:3 336:11 338:19 343:4 345:20 350:20 354:11 361:1 388:15 397:21	d 321:3,8 daily 332:8 dan 286:10 dangerous 378:17 daniel 287:13 292:19	death 298:23 299:3,25 339:10 339:12 359:3,6	406:21,22 408:20 410:8,11 411:1,3 412:1,3
court 286:1 289:9 411:7	database 406:7,14 date 298:10,11,12 298:23 315:4 321:22 322:21 323:8 336:12 338:23 344:2 350:23 357:1,19 367:4 407:11 410:8 411:3,9,19 412:3,13,25 413:20,25	december 293:24 323:15 345:19 401:13	depositions 295:19
cov.com 288:14,15 288:15,18	dates 314:23 358:2 358:3 361:9	decent 354:24 decide 376:12 decided 404:17 declines 375:24 deed 411:14 412:20	describe 386:13 described 304:11 description 290:1 389:12
covering 317:15	day 287:7 292:18 324:25 325:1	deemed 410:19 definitely 381:1 395:24	designated 286:19 290:2,11,14,18,21 290:25 291:3,7,10
covington 288:10 292:15 293:7,9	330:18,18 350:4 356:21,25 372:9 376:13 409:7 411:16 412:22 413:22	delivery 407:9,11 demand 374:9 demonstration 381:7	291:14 296:10 326:5 329:4 333:15 335:20 338:5 342:15 345:6 349:16 353:23
crack 304:12 305:3 308:19	days 299:4 302:4 304:16 410:18	denied 351:9 department 296:5 370:5 372:23 381:19,22 384:16 385:4 410:22	designation 315:14
crazy 332:5		depend 394:7 depends 309:20,25 353:12	desire 307:3 375:9 desires 375:19
created 361:22		depo 402:8	desk 319:18,19,24 320:4 321:11 322:2
creating 391:10			det 293:16 296:3 296:16 297:4
crews 392:23			313:5 314:8 316:6
criteria 381:25 382:3			316:24 320:25,25
cross 359:7			321:1,2,7,8 326:11
crushed 379:6			328:25 329:10

[det - east]

Page 8

333:21 336:1 338:11 340:21,23 341:3 342:21 345:12 348:20 349:22 350:12 354:4 361:14 370:17 383:3 397:8 detailed 389:12,17 390:12 detective 297:14 300:13 307:11 309:18 317:22,25 318:11 319:8 361:22 362:1,3 371:10 384:13,16 384:21 385:11 390:19 detectives 299:2 319:12 320:22,23 321:5 determination 382:14 determine 378:14 380:14 382:5 determined 372:4 detox 375:17,19 375:22 376:9,13 dialogue 311:6 312:3 die 303:25 401:2 died 299:1 346:14 360:24 398:2 different 347:6 373:19 380:1 398:8,10 differentiate 365:25 diligent 325:17,20 360:16 365:17 403:18	direct 405:1,1 direction 312:4 398:8,10 directive 404:11 404:15,16 discharged 375:21 discount 369:23 discussed 295:14 discussion 387:14 distributors 342:7 district 286:2 299:8,9 diversion 340:18 340:19 380:10,15 381:2 diverted 335:14 diving 327:14 328:8 division 286:3 380:18 dlugolski 321:2 dmoylan 287:15 dna 305:3,4,6 doctor 340:11,13 344:6,25 348:8 381:1 393:14 394:4 doctor's 341:2 345:2 doctors 380:17 document 286:12 290:6,8 297:6,7 313:12,22 314:4,6 314:11 318:8 326:13,14 327:25 329:11,13 333:23 333:24 336:3,4 338:13,14 342:23 345:14 350:14,16 354:7 359:4,24 362:13 363:5	366:16 368:23 370:18,23 385:22 389:25 documented 360:20,21 documenting 403:19 404:9,17 documents 296:18 314:9 360:3 370:20 404:18 dog 396:8 doing 322:18,19 322:20 324:20 341:11 343:19 353:20 360:21 366:4 379:4 404:7 dope 310:11 doses 353:9 354:24 doubt 334:12 355:25 dr 339:4,21 340:15 342:8 draw 346:25 349:6 351:19 drawing 402:21 drawn 402:15 driver's 301:20 drives 329:21,25 331:9 driving 332:10 dropped 344:13 drove 351:15 drug 287:16 310:25 311:23 312:10 316:17 324:16 329:25 332:16 336:15 346:18 348:7 355:15 360:22 363:1,2,24 369:23	373:2,21,22 374:5 374:17 384:22 385:6,10,23,24 386:3,5 387:5,5,6 389:1 390:20 391:1,13 392:9 393:2,3 397:10,19 398:2 399:8 401:1 401:7 405:6 drugs 301:4 304:2 324:22,23 344:1 349:1 351:16 355:11 363:23 374:24 384:22 385:10,19 388:7 390:21 392:11 393:13 394:9,17 399:9 400:25 403:5 duly 292:3 408:7 408:10 dumpster 327:14 328:7 duties 318:4,15 336:12 358:18 dying 400:10,23
e			
e 299:23,23 320:25 321:1,2,8,8 376:8 earlier 365:1 371:12 375:7 380:11 387:21 391:17 392:4 393:11 394:18 early 295:5 earn 401:3,10 easier 323:10 333:12 easily 396:1 east 287:9,13 369:24			

[eastern - fact]

Page 9

eastern 286:3 effects 382:20 effort 405:23 eight 304:19 306:6 333:7 352:24 354:21 367:17 368:7 392:21 either 310:25 340:6 342:4 349:9 363:23 375:21 383:17 384:3 386:10 409:2 elaborate 334:14 electronic 366:19 ellis 287:21 292:24 else's 319:24 email 362:2 410:17 emergency 378:5 ems 334:18 377:5 377:23,24 381:7 381:16 382:11,18 enclosed 410:11 enforcement 375:17 enormous 372:2 entail 294:18 entered 359:11 361:23 362:8 412:9 entire 382:12 411:5 412:5 entries 304:20 357:15 359:8,11 359:14,15 360:7 361:6 362:8,21 363:1,21 entry 315:6 316:4 329:20 366:21,22 epidemic 399:5 402:16,22	eppich 288:16 er 386:22 errata 294:8 410:13,18 412:7 412:10,18 413:1 esq 287:4,8,13,17 287:22 288:3,7,11 288:11,12,16,20 essential 386:4 essentially 384:21 386:11 establish 311:6 et 286:13,15 event 409:3 evidence 304:25 305:1 346:11,17 346:17 377:17 evolved 324:24 372:16 392:22 404:9 evolving 361:2 exact 322:21 339:10 378:2 380:24 exactly 311:24 325:11 368:1 examination 289:4 292:2,6 371:8 383:1 397:6 403:8 examiner 301:25 309:22 310:13 examiner's 310:17 example 297:19 318:24 320:2 322:6 325:25 332:17 333:6 379:21 398:12 examples 383:25 excerpt 326:24 excuse 338:19	executed 412:10 execution 411:14 412:19 exert 400:12 exhausted 295:21 295:24 exhibit 289:8 290:2,6,8,9,11,14 290:18,21,25 291:3,7,10,14 296:9 297:5 establish 311:6 et 286:13,15 event 409:3 evidence 304:25 305:1 346:11,17 346:17 377:17 evolved 324:24 372:16 392:22 404:9 evolving 361:2 exact 322:21 339:10 378:2 380:24 exactly 311:24 325:11 368:1 examination 289:4 292:2,6 371:8 383:1 397:6 403:8 examiner 301:25 309:22 310:13 examiner's 310:17 example 297:19 318:24 320:2 322:6 325:25 332:17 333:6 379:21 398:12 examples 383:25 excerpt 326:24 excuse 338:19	expires 409:17 explain 304:23 329:20 339:3 351:5 360:8 371:23 373:13 explained 320:10 explanation 363:20 explanatory 298:24 explorer 304:11 304:18 308:7,11 308:12,15,17 310:18 312:12,17 313:2,4 314:13,20 320:1 330:17 357:15 358:17 359:5 361:5 383:7 383:13,23 extensively 344:21 extent 298:25 372:7 extra 336:20 eyes 290:3,11,15 290:18,22,25 291:4,7,11,14 296:11 326:6 329:5 333:16 335:21 338:6 342:16 345:7 349:17 353:24
			f f 403:21 fact 297:2 311:22 316:12 317:21 331:18,19 334:12 335:3,8 339:15 344:8 348:9,10 368:7 396:6 397:9 397:16

factor	396:21	360:7,8	387:3	following	301:16	
facts	347:12	feel	341:11 395:20	follows	292:5	
356:10 360:12		403:17	310:4 311:25	food	396:8	
378:11		feelings	344:24 348:4,9	ford	339:5,21	
fair	396:25	felt	359:6 362:22		342:9	
fairview	354:22	fentanyl	366:19 388:13	foregoing	408:16	
367:18		330:8,14 341:24	399:15 400:8,14	408:21 411:13		
fake	367:15	343:25 348:24	410:11	412:18		
falls	380:2	352:5,15,19	finding	forget	313:8	
familiar	300:9	367:16 368:2,18	386:3	form	290:4,12,16	
341:1 406:6		368:21 369:4	327:2 350:9	290:19,23 291:1,5		
family	301:18	372:4,7,13 373:1,2	360:4 384:3	291:8,12,15 296:5		
306:15 311:3		373:12,16,16,17	fingerprints	296:12 297:11,19		
349:2 380:4,6		373:17,20,23	301:25	297:22,25 300:7		
386:19 397:10,22		374:6,9,16,23	finish	308:2 309:7,15		
397:25 401:21		378:17 393:7	294:14 315:25	310:3,8 312:23		
far	319:1 322:16	398:20	firm	315:13,19 320:8		
332:12 346:12		fever	316:8 332:17	320:10 322:7,21		
349:7 376:15		fewer	333:2 339:7	324:14 326:7		
378:2 379:2,19		fifth	367:22 377:4	327:6 329:6		
400:24 401:7		figure	383:8 389:6	332:20 333:17		
406:13		312:6	400:10 408:10	335:13,16,22		
fast	372:13	326:20	five	336:11 337:6		
fatal	298:15	file	295:4 370:10	338:7,18 342:10		
299:18 301:10		files	flag	342:17 343:2		
302:16 305:11		321:17,20	396:24	344:10 345:8		
307:25 310:23		322:1,11,24	flags	347:2 348:14		
311:2 319:7		filings	317:17	349:18 350:18		
322:18 338:22		322:10,10,12,13	floor	351:21 353:5,25		
371:20 372:19		322:25 323:3,6	fluid	fold	354:9 356:8 358:9	
377:16,19 386:19		fill	306:19	359:18 360:10		
388:13 396:16		296:4 300:12	396:17 404:8	folded	362:12 363:4,25	
397:8,19 398:25		300:14 301:1	focus	368:4,10,16,22		
399:10		308:25 320:22	398:7,9	folder	369:7,14 370:6	
fatalities	395:12	321:13 345:21	306:6,7	folds	373:3,25 374:10	
fatality	301:11	359:4	folks	375:2 378:10		
fatals	388:12	filled	401:16	follow	380:21 384:8,24	
fear	378:19	297:12,16	301:2	385:1,12,21 386:1		
february	314:23	299:23 301:6	323:11 326:18	386:6,15 387:4,7		
314:24 357:15,16		302:4,6 318:7,12	341:25 357:6,10	387:10,16 388:8		
358:4,5,11,12		318:20 320:3,8	376:1,3,10,19	388:19,20,24		
		338:18 345:22	followed			
		350:19 386:9	321:25			
		filling				
		320:12				
		385:20 386:2				

389:14,15,20,21 390:2,5,9,15,22 391:7,14,23 392:2 394:4,6 396:18,22 397:12 400:11,16 402:4,17 403:1 404:14 406:2 formal 389:25 format 314:16 384:1 387:15 forms 290:10 296:19 297:18 307:15,19 308:10 308:13,15,25 312:11,11,16 317:3,8,14 318:3 318:20 319:22 320:20 321:10,14 321:16,21 323:23 329:16 336:8 342:25 345:16 370:25 371:2,5 383:4 384:10 386:8 388:4 389:7 389:8 forth 403:23 forward 368:15 410:15 found 302:14 303:6 308:20 309:2,16,23 327:14,18 328:7 330:10 334:11 349:3 363:1 four 330:25 334:4 351:13 353:7 354:24 free 341:11 411:14 412:20 friday 342:5	fridays 339:6 342:2 friend 311:3 friend's 367:11 friends 397:9 further 292:4 328:19 331:24 332:13 339:11 357:4 370:20 373:14 403:6 406:18 408:19 409:1 fusion 329:22 331:9 332:9 future 327:3 406:1 g g 321:3 gap 356:14 371:22 gathered 360:23 gathering 372:18 general 398:14,20 generally 299:16 301:5 302:13 309:21 341:10 355:9 386:9 generate 310:19 323:12 generated 298:5,9 306:21 321:24 322:2 gentleman's 394:20 getting 347:21 348:12 351:10,11 352:12,15,23 360:20 372:2 385:10 403:18 405:25 give 293:19 340:2 375:5 377:21 378:3 380:24	396:8 407:1,10 given 298:6 324:11,15 328:14 341:7 354:21 367:17 368:2 408:13,17 glasses 313:7 go 292:9 297:25 300:18 304:3,13 304:17 307:19,24 313:1 322:3,16,22 325:4 330:19 331:6 332:6,10 334:19,20 335:3 337:20 338:2 339:20 340:3 343:17 347:18 351:4 354:16 357:12 359:5 361:4 362:20 365:20 367:6 375:25 376:14 377:25 378:5 381:19 383:13 389:23 395:14 403:21 goal 324:21 372:1 386:3 387:4 390:18,24 goes 300:22 301:12 304:10 383:13 going 294:18 296:23 298:9 301:17 306:10,21 306:23 307:8 309:23 310:12,14 313:1 326:24 332:16 337:25 340:2 352:2 354:18 356:19	357:23 359:19,22 364:20 368:15 369:16 370:13 372:5,7,8,20 382:24 386:8 389:4 393:15 394:15 399:16 400:22 401:8,9 403:21 goldstein 288:3 289:5,6 293:4,4 370:14,21 371:9 382:22 384:8 387:7,17 403:9 406:17 good 293:16,18 350:9 366:20 371:10 googled 367:15 grant 288:21 gray 288:3 293:2,5 great 305:24 327:4 green 367:13 grieving 339:25 group 296:18 guarantee 387:14 guaranteed 387:18,20 guess 343:10 349:22 363:9 375:4 381:8 393:19 guessing 315:5 guide 303:8 guy 403:21 guy's 396:25 guys 310:10 317:12 358:14 361:17 381:21
---	--	---	--

h	hear 398:9 heard 405:16 help 304:9 344:23 376:14 384:23 390:20 399:4 400:8 helping 376:15 hereinafter 292:3 hereunto 409:5 heroin 304:13 305:3,8,15,16,22 308:19 310:13 328:10 330:8,14 332:24 333:8 343:24,25,25 344:20 348:23 351:2,9 352:4,19 355:3,7,14,14,17 356:7,17,22,23 373:17 380:3,4 382:8,16,19 385:5 385:8 387:24 392:16 394:12 395:9,15 396:2,6,9 398:19 hey 302:17 304:1 376:14 hidi 290:3,9,12,15 290:19,22 291:1,4 291:8,11,15 296:5 296:11,18 297:10 297:18,21 312:11 312:23 317:3,7 321:13 323:22 326:6 329:5 333:16 335:21 338:6 342:16 345:7 349:17 353:24 377:2 383:4 384:10 385:21 386:8	387:4,9,15 388:4 388:18,23 389:14 389:19 390:2 high 323:15 386:24 401:14,15 historical 405:6 history 310:25 311:8,20,23 312:10 316:17,19 324:16 328:15 332:17 385:23 386:5 387:6 397:11 398:3 404:13 hit 372:4 396:3 hold 393:2 397:19 home 332:4 335:3 337:15,17,24 338:1,2 346:16,20 346:21,22 367:14 395:17 396:3 homework 332:3 332:14 honest 383:24 honestly 309:10 314:10 320:17 328:16 347:4 363:18 379:13 hope 313:6 hoping 372:10,14 hospital 299:14,16 299:17,19,21,25 300:21,22 307:19 307:25 308:5 327:21 331:5 334:18,19 335:1 337:9,11,13 343:12 360:17 367:18 375:18,21 376:7,24 377:7 378:15 386:10,11	389:24 hospitals 372:11 386:21 hour 349:23 360:18,25 house 301:23 304:16 334:19 335:6 377:11,14 377:14 395:16 huge 323:9 human 399:23 401:5 husband 340:7 341:20 hybrid 383:7 hypothetical 348:15 363:14 364:2 397:14
			i

[identity - investigation]

Page 13

identity 296:25 ii 286:19 410:8 411:4,9 412:4,13 413:20 illegal 373:22 374:5 illegally 393:23 illicit 394:9,17 imagine 322:25 immediately 375:22 impressed 331:8 354:19 inch 392:14,14,18 392:18 incident 298:5 299:22 300:17,20 302:3 303:14,19 incidents 357:22 358:3 362:7 364:22 include 302:21 305:2 309:7 316:9 316:20 364:8 387:19 included 303:12 310:17 319:11 325:16 339:1 388:4 389:13,18 410:13 includes 316:16 374:6 including 318:23 324:16 385:21 388:6 incomplete 294:4 348:15 363:13 364:1 397:13 incorporated 412:12	incorrect 294:4 increase 372:25 index 289:1,3 290:1 indiana 287:12 indicate 348:25 364:25 366:8 395:5 indicated 336:12 356:4 indicates 383:21 indicating 410:13 indication 394:22 394:23 indicative 373:21 indicted 306:23 indictment 306:24 307:7,8 individual 373:7,7 375:24 376:2,6,24 403:13 405:24 individuals 378:22 378:25 info 329:21 346:8 389:13 information 296:24 297:1,13 298:1 301:7,8,12 301:12 302:9,11 302:18,22 303:1 303:10,12,16,17 303:18 304:2,5,7,9 304:10,13,16,18 308:7,9,11,14 314:19 316:16 324:3,4,7,9,12,15 324:18,22,25 325:4,5,8 327:1,13 329:20 330:16,19 331:22 334:6 336:19 339:1,2	340:4,9,17,21 341:1 343:14 348:6 351:1,5,23 352:1 354:17 355:24 357:9 358:17 360:20,22 360:22,23 361:2 361:23 372:15,18 372:18 376:18 379:16 380:17,23 381:1,2 383:12 384:12 385:15,21 387:8 388:6,16,18 389:12,18 390:13 393:5 397:24 398:1,8 400:23,25 401:6,10,11 404:10 406:10,12 ingested 379:2 380:4 ingestion 378:20 initial 294:17 298:7,8,20,21 306:20 395:18,23 initiate 385:16 inject 305:8 injury 330:4 331:13,16,21 332:22,23 333:6 364:10,23 365:4 365:11 input 304:17 330:18 406:9 inputted 308:7 inservice 381:17 inside 335:6 377:25 378:8 insinuating 361:17 instance 304:12 308:3,4 318:6 359:3 379:8	400:10 instances 311:5 376:25 377:5 instructed 358:16 359:1 instruction 407:2 407:10 intentionally 358:25 interested 409:3 intertwined 383:10 interview 302:19 302:20,22 303:1 303:11 311:16 335:1 339:24 341:20 346:6 355:23 372:12 385:13 386:14,23 388:13 390:4 391:4 interviewed 303:5 337:9 360:16 interviewing 351:8 interviews 302:9 322:1 337:11,13 345:22 investigate 340:15 385:5 391:22 392:1 investigated 369:19 investigating 371:13,17,20,25 372:22 385:8 investigation 328:19 331:25 332:14 341:9 357:4,10 378:22 385:17 395:18
--	---	--	--

[investigation - linking]

Page 14

396:15 investigations 310:23 320:6 investigator 377:2 398:24 involved 319:3,12 320:14 346:2 369:8 involving 319:23 irrelevant 398:3 issue 330:14 370:18 issues 370:18 item 305:4	josh 288:3 293:4 joshua.goldstein 288:6 judge 286:10 july 371:21 409:17 june 322:7 325:23 jzipp 288:15 k k 288:11 321:1,2,3 keep 306:10 311:14 321:21 322:2 323:10 kelley 287:17 292:22 kept 372:20 kia 351:3,15 kill 398:5 killed 301:4 398:5 kind 309:25 317:16 321:22 324:22 352:16 384:10 393:16 394:24 395:5,7 396:16 404:20 kinds 395:14 klamert 321:1 klauss 286:25 408:6 409:14 know 294:7 300:6 301:24 306:7,16 306:18,19 308:18 309:9,13 311:2,13 314:2,11 315:12 315:15 320:17,19 322:3,17,23 323:2 324:2 328:5,21 330:5,22 331:15 331:18,23 332:17 333:2,5,9,10 335:2 335:10,12,14,17 337:3,14 339:8,10	339:16,17,25 340:23 341:3 342:6 343:17 344:8,12 346:5,9 347:4 349:9 351:15 352:12 353:6,17 357:3 358:13,22 362:2 362:14,15 363:7 364:3,13,15 365:16 366:15 368:1,5 369:11 370:4,8 372:6,8 374:21 377:4 379:6,13,19,20 380:4 381:10,21 382:15,19 383:17 383:24 384:1,2 386:21 388:11 392:19,25 394:12 395:8,12 396:6,10 397:22 405:13 406:13,15 knowledge 388:25 391:12 406:16 known 393:4 l l 286:25 299:23 320:25 321:1,2,3,3 408:6 409:14 l.p. 286:15 label 290:4,13,16 290:20,23 291:2,5 291:9,12,16 296:13 326:8 329:7 333:18 335:23 338:8 342:18 345:9 349:19 354:1 403:25	laced 367:16 lake 321:1 lakeside 287:9 large 383:16 law 292:12 375:17 lawful 292:1 lead 319:9 348:10 369:10 372:19 leading 388:21 leads 339:11 375:16 400:9 learn 312:10,14 316:16 398:12 learned 312:21 316:18,22 348:20 387:13 388:7 390:3,8 391:3 leave 376:11 377:7 leaves 334:19 377:10 led 330:13 341:17 352:16 left 315:4 341:15 364:6,12 378:6 legal 348:16 410:1 413:1 legitimate 335:11 337:4 348:12 letter 410:19 license 301:21 light 355:8 liked 388:10 likewise 313:18 line 300:4 301:1,5 301:5 306:14,17 306:25 307:6,10 351:1 410:13 412:7 413:3 lines 315:20 linking 393:10
---	--	--	--

[listed - midwest]

Page 15

listed 412:7,17	loose 305:17 393:7	315:13 316:7,25	403:18,20 404:16
listing 412:7	los 287:5 288:17	317:4 326:8,12,19	404:18 405:11
litigation 286:7	lose 351:13	329:1,7 333:18,22	406:4
410:6 411:3 412:3	lot 350:7 354:23	335:23 336:2	meaning 332:22
little 332:3 333:11	362:14,16 368:14	338:8,12 342:18	355:2 369:4
341:15 347:3,14	373:23 374:6,23	342:22 345:9,13	means 303:2
350:6 352:10,17	380:25,25 383:4	349:19 350:13	304:25 305:14
354:25 373:14	386:20 396:5	354:1,5 377:3	307:4 329:20
392:16,17,20	lots 313:18	market 374:5,17	334:22,25 364:13
live 303:25 383:11	lottery 306:3	massively 332:13	364:15
llc 287:12 288:2,2	355:11 392:19,20	matter 398:20	medic 299:24
293:2,3,5,6	m	mcdonald's	300:1 369:23
llp 287:12,21	m 287:22 321:1	392:25	medical 301:25
288:10,20	367:13	mckesson 288:10	309:22 310:13,17
located 309:21	ma 288:5	292:15 293:8,10	meds 351:3
322:24	madam 410:10	md 287:14	meet 294:23 295:6
location 300:17,24	magazines 392:23	mdl 286:6,9	376:23 378:15
lock 306:14,16,16	392:24	me's 302:5	melgrave 369:20
392:11,12,17	main 287:18,22	mean 303:4,13	member 301:18
394:8	maintain 323:4	305:3 309:17	306:15 311:3
locked 306:13	326:24 377:13	310:9 311:16	380:6
log 389:24	maintains 323:2	318:5,7 319:15	members 386:19
long 295:2,4,6	majority 318:9,10	320:1,17 323:4	401:21
305:11 343:23	337:10,12 387:24	325:24,25 330:15	mentality 393:17
look 306:7,7 315:7	male 367:12	330:22 332:5	mentally 375:15
315:24 317:18	mallinckrodt	334:24 343:18	mention 363:22
322:5 332:10	288:2 293:2,5	347:5 348:22	386:24
334:21 337:15,21	manner 379:12	349:1 352:3 357:6	mentioned 323:24
338:1 346:20	mannis 293:13	358:13,20 362:14	330:25 353:7
361:13,21 369:6	mannix 288:20,23	362:19 363:6	359:15 360:6
378:9,12 379:17	293:12	364:21 365:2	372:25
379:22,25 380:5	manufacturers	366:2 368:13	mentions 363:10
395:8	342:7	372:23 373:6,11	merely 334:22
looked 359:9	march 286:21	373:14,17 374:21	message 396:7
looking 318:8	marcus 288:20,23	374:22 375:12	met 295:1,9
332:9 352:16	293:13	376:3 379:15,23	401:13
357:20 366:23	marijuana 394:13	380:24 381:6,14	meth 373:17
383:18 384:4	394:13	382:2,7 388:14	metro 376:7
looks 296:18 315:3	marked 290:1	392:7 394:13	middle 355:8,13
315:24	296:13 297:5	395:8,22,25 399:2	midwest 410:17
	313:6,14,23	399:25 400:1	413:1

[migrated - northern]

Page 16

migrated	344:19	329:1,10 333:21	narcan	300:5	needed	325:4
mill	339:5,22	333:22 336:1,2	328:13,14 331:1	needle	305:7,8,9	
340:10	342:9	338:11,12 342:21	351:14 352:12,19	310:10	330:11,22	
miller	288:7 293:1	342:22 345:12,13	352:24 353:4	330:23	396:24	
293:1		349:22 350:12,13	354:22 367:17	needs	377:6	
milligrams	300:4	354:4,5 361:14	368:8 377:13	neighbor	304:15	
328:14	330:25	366:25 370:17	381:4,9 382:1,6,10	neighbor's	395:16	
351:14	352:13,18	371:8 383:1,3	382:13,20 386:25	neighborhood		
352:24	353:3	397:6,8 403:8	narcotics	323:1	332:6	
354:22	367:17	408:9 410:8 411:4	347:23 384:13,16	neil	288:11 293:9	
368:7		411:9 412:4,13	384:21 385:4,11	never	314:14,16	
mind	374:9,25	413:20	390:19 391:21		325:15	
mine	318:10	morning	393:17 398:24	351:2	369:9 384:1 406:9	
358:21		293:18 295:1,5,6,9	narrative	406:14		
minute	370:10	371:10	308:22	new	288:8 337:16	
381:16		mother	313:1,3 315:8,10	343:10		
minutes	295:4	move	316:10,15 330:17	nobody's	303:11	
349:24		moved	362:20,22,25	nonfatal	298:16	
misstates	373:4	moving	363:11 367:6	299:17	300:3	
398:15,22	399:6	moylan	389:9,18 390:1,12	302:15,16	307:2,5	
399:19	400:12,18	287:13	narratives	307:21	310:24	
403:3,16	404:3	292:19,19	359:14	national	311:1 327:8	
405:8		multitude	391:11	311:1	329:16	
mistakes	359:2	348:25	308:22	327:8	334:1	
misunderstanding		374:20,22	native	336:15	343:6	
347:19,20		n	315:13,19	350:22	354:13	
moira	288:20	n	natively	371:13,17	372:5	
293:12		287:17 320:25	290:6,8	377:19	385:14	
money	341:15	321:9,9 376:8	313:12,22 314:4,7	396:16	399:1,11	
month	315:2	n.d.	natural	399:15	405:22,23	
356:14		286:16	359:3,6	406:13		
months	322:3	name	400:6	nonfata	322:19	
355:5	356:3,20,21	301:13	near	372:19,22	388:12	
356:25,25	357:2	303:11,21 315:25	378:18	nonprescription	344:19 355:22	
358:12		315:25 319:11	nearl	356:16		
moran	286:19	329:23 340:1,3	320:18	normal	332:8	
289:4	292:1,6	341:2 345:3	360:24	normally	348:5	
293:16	296:3,16	361:23 362:4	necessaril	382:11,18		
297:4,5	313:5,6,17	363:2,7,23 364:12	303:4	north	287:8	
314:8	316:6,24,25	367:7 410:6 411:3	327:24 334:24	northern	286:2	
326:11,12	328:25	411:4,15 412:3,4	348:22 349:5			
		412:21	364:5,21 366:2			
		named	387:9 388:6 391:5			
		355:15	391:11 393:25			
		408:9	necessary			
		names	390:25			
		315:21	need			
		316:5 362:1	317:18			
			352:18 361:13			
			376:14 384:2			

[notarized - opioids]

Page 17

notarized 410:14	410:13	404:3,22 405:8	officers 378:7,18
notary 408:6	numbers 323:9	406:2	381:18
409:14 410:25	336:3 357:7	objections 389:2	official 411:15
411:10,18 412:15	359:23 378:2,3	obtain 340:4,13	412:21
412:23 413:23	380:24 412:7	388:16,17 393:5	oh 287:9,18,23
note 309:1,12,15	numerous 381:23	obtained 349:2	ohio 286:2,13,16
310:2,8,14 312:15	nw 288:13	355:12	286:24 408:2,7
312:23,25 313:2	ny 288:8	obtains 393:13	409:7,15 410:2
314:22 315:21	o	394:2	okay 296:2 308:9
329:24 330:10	o 321:3,8,9,9 386:1	obviously 300:22	315:17 316:3,14
357:18 394:20	oarrs 406:6,10,14	301:17,22 302:16	317:13 320:13
410:12	object 332:20	305:14 307:7	323:25 331:6
noted 309:24	335:13,16 344:10	308:17 317:19	343:13 350:3
notes 308:16	347:2 348:14	321:24 332:3	359:12,17 363:8
310:17 313:1	353:5 356:8	352:3 367:22	364:20 367:2
330:16 348:20	357:25 358:9	388:12 395:9	371:6 391:16
389:23 390:3	359:18 360:2,10	396:23 398:1	395:3
noticed 401:25	362:12 363:4,25	occur 337:17	once 304:10 359:5
notified 377:23	368:16,22 370:6	359:2	370:18 391:9
november 315:1	373:3 380:21	occurred 300:20	ones 319:2 326:18
327:10 329:17	384:24 385:1,12	300:23 358:3	344:2 359:9
343:3 350:19,21	386:1,6,15 388:8	ochman 287:8	ongoing 341:9
361:7 362:10	388:20 389:15	292:17,17	op 286:16
363:22 371:15,16	392:2 394:6	october 315:11	operations 393:6
372:1,9	396:18,22 397:18	354:10	opiate 286:7 410:6
nroman 288:14	400:11 404:14	od 339:6 341:18	411:3 412:3
number 290:1,6	objection 312:18	341:22	opinion 368:11
297:6 298:2,4,5	320:16 324:14	odmap 310:18	369:15 400:12
299:13 301:14	337:6 342:10	312:12,16 314:12	403:4
303:9,20,22	347:11 351:21	314:20 357:14	opioid 310:4,7
313:13 314:5	358:24 363:12	361:5 383:7,9,11	312:8 366:10
317:23 318:1,18	368:4,10 369:14	383:13,18,20,22	367:24 369:7,13
318:19 323:15	373:25 374:10,18	384:6,11 385:22	378:24 379:1,11
324:1 326:13	375:2 378:10	389:7,19 390:11	393:15 399:5
329:11,24 332:4	384:8 387:7,11,17	390:17 391:5	402:16,22 404:13
332:15 333:23	389:21 390:5,9,15	offense 361:19	405:25
338:13 342:23	390:22 391:7,14	offer 375:25	opioids 312:22
345:14 350:14	391:23 397:12	offered 376:5	316:21 323:17
354:6 357:5 358:8	398:15,21 399:6	office 302:5 409:6	324:17 330:3
366:16 377:22	399:19 400:16	officer 364:14	332:19,23 344:19
401:14,15 410:7	402:4,17 403:1,15	377:1,19	344:20 349:12

[opioids - person]

Page 18

353:15 355:21,22	372:20 376:23	346:12,20,23	366:7
356:16 365:1,6,15	377:16,19 379:14	347:1,19 348:3,24	pass 370:20
366:8 369:2,3	379:18,22 380:1,3	349:2,3 378:9,13	372:15 380:17
398:13 401:17	380:5 382:17,19	378:13 392:5,8,9	395:17
402:2,25 403:13	383:11 385:14,18	392:13 393:1,4,5,8	passed 299:20
opportunity	394:19,24 395:6,9	393:11,16,18,19	340:17 346:16
293:22 305:12	395:15 396:1	394:5,10,21,25	367:14,16 382:8
375:25 404:5	397:9,10,19	395:5,11 396:4,13	396:3
opposed 300:12	405:23	page 290:6,8 297:6	path 401:16
310:5	overdosed 311:2	313:12,22 314:3,6	patricia 287:8
opted 305:8	323:16 327:19	326:13 329:11	292:17
option 373:10	330:5 339:8	333:22 336:2	pc 287:3
options 372:17	348:11 354:21	338:13 342:23	pearl 337:18,21
376:9	378:23 379:11	345:14 350:14	people 311:5
order 296:21	399:18	366:12 410:13,15	352:6 365:23
357:19 361:9	overdosed's	412:7 413:3	366:4 396:10
405:1	310:25	pages 313:19	398:12,19 400:10
ordinary 318:3	overdoses 299:17	pains 367:11	400:23 401:2
338:19 343:3	319:8 322:18	paper 306:2,5	perc 343:15 379:6
345:19 350:20	352:11 371:13,17	383:16 393:24	percent 351:24
354:11	371:20 372:3,6	paragraph 308:18	397:2
originally 324:20	385:6,9 387:25	308:21	percentage 377:22
360:21 366:1	396:16 399:11	parma 343:7	percentages
371:25 389:22	406:13	318:4,14	311:15
overall 385:9	overdosing 328:15	358:18 397:16	percocet 336:20
390:18 402:22	353:2	399:21 400:5	347:15 352:13,23
overdose 296:4	overlap 315:2	402:1 404:1 412:9	353:3 366:2,3
299:18 300:3,23	oxford 288:21	particular 297:13	367:12 369:6
302:15 305:11	p		380:5
307:2,5,16,20,21	p 287:13 299:23		percocets 334:5,13
307:25 309:11	299:23	304:12 305:5,7,9	335:8,11,15 337:5
310:13,23 322:11	pa 288:22	305:15,18 306:12	344:4,5,15,25
327:9 328:11	package 347:9	318:6 330:1,6	366:5 367:12
329:17 330:9	393:24	334:17 340:4	percs 343:15
334:2 336:16,22	packaged 306:8	348:19 357:1	perfect 390:7
338:23 339:15,18	392:10	380:9	period 317:16
341:5,24 343:6	packaging 305:5,6	partner 405:16	318:21 341:7
348:23,24 350:23	305:14,15,17,18	partnered 375:13	358:4 362:9
352:20 353:10	305:22 334:11,21	375:15	person 299:1
354:14 355:6	334:23 337:15,22	party 409:3	300:18,18 301:18
358:3 369:12	338:1 339:11	partying 346:15	301:21 302:3,5,14
		365:11,14,22	

[person - prescription]

Page 19

303:5,9,25 304:1 305:7 310:24,25 311:1,7,24 312:14 312:21 316:20 324:17 328:22 334:13 337:4 339:8 340:8 344:18 348:11,21 349:11 351:15,16 353:14 355:9,14 355:23 365:5 368:2,6,25 375:20 377:6,10 382:21 385:13,18 388:13 393:13 398:2 399:16,17,22 400:20,22 401:4 person's 312:10 316:17 324:16 340:12 367:7 398:2 personal 296:25 326:25 391:12 personally 321:19 323:10 376:16 381:15 405:11 411:11 412:15 personnel 397:24 pharma 286:15 pharmaceutical 342:7 pharmaceuticals 287:21 pharmacies 391:17,22 392:1 pharmacy 348:5 369:20 370:1 phone 293:11 294:25 295:3,11 299:6 303:8,19,20 303:21 329:23	332:14 357:5 410:3 photo 301:20 photos 305:10,10 305:12 phrases 365:9 physically 377:25 picked 354:20 piece 306:2,5 392:20 393:24 pieces 392:23 pill 309:11 310:2,6 339:5,6,15,18,21 340:10 341:18,22 341:24 342:9 347:24,24 348:22 351:11,12,14 352:11 353:11 364:12,17,19 367:13,15,16 379:14 393:19,21 393:25 394:10,12 394:14,17 396:1 pills 309:2,6,16,20 309:21,23 310:15 312:2,15,22 323:24 327:14,18 328:5,6,7,22 331:20 340:9,14 347:9,21 348:12 348:21 351:20 352:15,16 355:1,3 355:4 356:6,15,22 356:23 359:16 360:6 365:19,20 365:25 368:18 369:5,9 387:25 393:20,23 394:3,8 395:25 pittsburgh 288:22	place 377:9 408:20 places 375:20 plastic 393:24 plate 350:7 please 292:10 293:11 297:25 304:23 306:11 329:19 332:2 338:25 343:14 350:25 351:4 354:16,18 357:13 366:12 410:11,11 pllc 287:17 pochman 287:10 point 287:8 321:4 359:20 376:1,5 402:6 pointed 315:10 police 290:3,12,15 290:19,22 291:1,4 291:8,11,15 296:5 296:11 297:10,18 298:4,6,8 299:9 303:7 318:4,15 326:6 329:5 333:16 334:18 335:21 336:12 338:6 340:1,5 342:16 345:7 349:17 353:24 364:14 370:5 376:25 377:4,8,13 378:4 384:15 polster 286:10 pool 319:14,16 popular 392:16,18 portions 286:19 positive 302:7 possibilities 349:7 possible 296:22 309:10 319:21	395:9 possibly 397:4 401:11 potential 377:16 potentially 301:4 398:5 practice 324:12 376:6 397:17 404:2 405:5 pratt 287:13 predictable 386:4 prefer 300:13,14 preparation 294:14,15 381:16 prepare 294:7 295:25 prepared 318:2,14 336:11 prescribed 332:23 344:5,14,25 355:1 355:3,4 365:20 366:3,9 367:24 prescribing 348:8 prescription 286:6 309:1,6,11,16 310:4,6,7,14 312:2 312:15,22 316:21 323:16,24 324:17 328:22 331:20 332:18 335:11 337:4 339:18 342:4 344:18 347:8 348:13 349:11 353:11,15 355:2,21 356:6,15 356:22,23 359:16 360:6 363:1,2,7,8 363:23,24 364:6 364:11,16,19 365:5,15,21 366:8 369:2,7,13 378:24
---	--	--	---

[prescription - rapport]

Page 20

378:25 379:11 387:25 393:12,13 393:15,16,20,21 393:23 394:2 398:13 401:17 402:2,24 403:13 404:13 405:25 410:6 411:3 412:3 presence 408:14 present 294:21 295:8 297:15 preserve 315:18 pressed 352:15 368:18 369:4 pretty 310:12 311:11 332:8 396:25 prevalent 374:17 prevent 405:24 previously 387:23 403:14 pride 306:1 primary 384:14 prince 340:22,23 341:3 print 384:2 printed 314:14 383:16,25 384:5 printouts 383:15 384:5 prior 313:1 320:11 356:21 377:8 382:18 387:22 388:6 389:1 391:1 391:13 402:7 probable 339:6 341:18,22 probably 295:6 298:24 308:14 315:5 325:12 368:2	problem 361:20 372:7 procedure 407:7 411:5 412:5 process 311:19 360:15 377:15 396:17 produced 290:6,8 296:19,20 313:12 313:22 314:4,7 361:18 production 297:6 326:13 329:11 333:23 336:3 338:13 342:23 345:14 350:14 354:6 410:15,17 410:22 program 304:11 304:18 307:5 308:8 375:16 376:7 progress 356:6 progressed 355:2 355:3,4 360:19 365:16 380:6 400:21 progresses 355:21 pronounced 299:3 299:24 proper 347:24 381:25 382:2 prosecutable 321:23 prosecution 307:9 protect 296:25 protocol 377:9 provide 302:12,21 345:2 357:7 376:18 381:1,11 385:15 400:24	401:6 provided 292:2 293:25 303:11 319:17 327:20 340:21 355:24 357:9 376:5 383:12 400:24 providing 302:18 prudent 377:17 prudential 288:4 public 408:6 409:14 411:10,18 412:15,23 413:23 pull 314:17 322:4 392:12 pulled 314:19 pulling 301:19 303:6 purchased 344:1 purchases 332:12 purdue 286:15 purported 379:16 379:17 purpose 385:20 purposes 296:14 313:14,24 317:4 326:9 329:8 333:19 335:24 338:9 342:19 345:10 349:20 354:2 purse 341:15 pursuant 407:3,6 pursuing 386:3 put 299:1,2,5,24 300:4 304:8 306:16,21 308:19 310:3 312:9 313:3 324:6,12,18 332:22 341:21 355:2 358:14,16	358:21,22 359:1 364:5 365:10 392:11 393:7 puts 361:23 389:23 putting 325:7 364:11 390:1
			q
			qualified 408:8 question 305:24 341:10 347:6,17 350:2 356:12 360:11,13 363:9 363:19 373:9 374:3 379:19 382:4 387:22 395:1 400:20 402:9,15 405:19 questioning 362:17 370:21 399:21 400:5 questions 304:20 370:13 382:25 391:17,18 397:5 403:7,10 quick 303:8 308:17 330:19 372:10 381:16 quickly 296:22 317:17 350:10 quite 301:16 374:2
			r
			r 299:23 321:1,8,8 321:9 radio 298:6 raise 396:14 rapport 311:7,17 311:19 388:15 399:22 401:3 403:22

[reach - represented]

Page 21

reach 357:8	404:16,24 405:1	342:2 380:14	relay 401:11
reached 401:19,24	405:10,11	392:7	relayed 324:5
reaching 376:16	receipt 306:3	reference 341:13	334:6 351:23,24
read 329:19	392:25 410:18	383:7 410:7 411:2	352:1
338:25 343:14	received 298:12	412:2	relevancy 398:4
350:25 354:17	381:12	referenced 408:13	remember 330:20
364:13 406:20	receives 298:22	408:18 411:11	330:21 331:2
411:5,6,12 412:5,6	receiving 370:20	412:15	335:4,5 337:12
412:17	recess 370:15	referral 307:1,3	343:21 344:22
reading 313:7	recitation 390:7	referred 380:9	351:7 354:20
410:19	recognize 314:9	383:6	355:24
reads 364:14	recollection 388:1	referring 297:23	remembered
real 308:17	388:2	339:22 347:21	313:9
really 343:21	record 296:17	371:3 398:25	remotely 362:18
344:22 366:13	357:18 359:25	402:6	repeat 395:3
379:20 381:6	361:16 370:16,22	refers 304:24	replaced 374:23
392:16,18 396:14	376:17 384:4	307:1 329:22	report 298:8,9
398:3	390:25 412:9	331:9	303:7 306:21
reason 293:19	recorded 361:3	refilled 342:4	308:21 309:24
301:2 314:18	387:9,15 388:18	reflect 364:22	334:1 340:1,5
335:5 355:5,25	records 378:23	391:12	349:10 368:20
368:24 369:17	recover 334:25	reflected 298:2	reported 327:25
374:22 391:25	recovered 304:12	325:5	356:13 357:23
410:14 412:8	304:14 305:9,19	reflection 374:8	reporter 289:9
413:3	306:13 308:19	regained 377:12	411:7
reasons 316:12	334:23 346:12,16	regarding 404:12	reporter's 289:7
374:21,23 399:14	369:9	407:2,11	408:1
401:23,25	recreationally	regular 376:6	reporting 302:14
recall 296:2,6	365:10,14,22	397:17	327:17 328:1
300:8 309:2 316:6	366:7	rehash 340:2	360:15
316:10 322:21	red 351:3,15	relapsed 357:1	reports 302:23
323:14,17 325:10	396:14	relate 384:12	310:20 323:13
326:1 328:18	redact 296:24	related 331:23	336:15 338:22
337:19,20,25	326:25	393:12	343:6 350:22
339:9,12,14 340:8	redacted 315:22	relates 286:12	354:13
340:19 346:19	316:1 367:7	327:8 329:16	represent 317:10
371:14 375:9	redaction 296:21	relating 390:18	representation
379:4,7 380:10	reduced 408:14	393:12	359:20 360:14
381:12 391:18	refer 297:21 298:3	relative 409:2	represented
392:5 401:17	298:10 299:14	relatively 353:2	387:23
402:10,12,13	300:25 321:22	358:15	

[representing - scene]

Page 22

representing	319:22 321:10,13	328:2 330:7	rows 357:22 362:6
292:13,15	321:21 323:23	347:22 348:1	rpr 286:25
requalification	326:7 327:6 329:6	349:9 358:8,18	rules 407:3,7
381:17	329:16 333:17	362:4,10 363:3	411:5 412:5
request 412:9,11	335:22 336:8	364:7 374:4 377:7	run 301:25 314:23
requested 407:1,6	338:7,18 342:17	387:5 393:8 394:3	314:25
407:10	342:25 345:8,16	394:3 396:17	rushed 377:6
require 353:4	349:18 350:18	399:12,13,18	rx 287:11
required 300:5	353:25 354:9	400:4,7,10 402:3	s
410:25	370:25 371:2,4	rip 392:20	s 321:3,8,9 376:8
reservation	383:4 384:10	rms 298:2,4	410:15 412:8,8
326:25	385:21 386:8	road 311:19 343:9	413:3
reserve 296:23	387:4,10,16 388:4	robinson 321:9	safe 399:4
residence 367:11	388:19,24 389:14	role 398:24	sake 327:25
respect 353:14	389:20 390:2	roll 350:5 392:19	sat 381:23
376:2 380:8	responsibilities	roman 288:11	saw 304:15 346:23
respond 299:17	384:12 385:4,9	289:4,6 292:7,8	366:6 381:21
334:16 359:4	391:21	293:9,9,15 297:3	saying 359:1 363:7
375:18 376:23	responsibility	314:2 315:9,15,20	363:8 405:10
377:1,5,15,20,23	384:15	316:3 327:2 360:4	says 304:1,15
378:1,4,8,20	result 322:1	361:10,19 366:17	306:14 317:22
399:10	369:12	370:9,16,24 371:4	339:4 342:1
responded 300:9	resulting 351:13	371:7 384:24	343:24 347:15
308:20 319:23	retained 289:9	385:1,12 386:1,6	355:13 356:2
320:18 327:9	returned 356:15	386:15 387:11	361:22 365:18
343:20 346:4	410:18	388:8,20 389:2,15	366:25 396:8
394:19 405:22	reveal 341:8	389:21 390:5,9,15	scanning 303:7
responder 377:4	review 293:23	390:22 391:7,14	scenario 310:1
responding 298:6	294:9,11 407:2,6	391:23 392:2	396:12
298:7,22 299:12	410:12 411:1	394:6 395:1	scene 296:4
306:20 397:18	412:1	396:18,22 397:4,7	298:19 300:15
response 290:4,9	reviewed 294:1	403:6 406:19	307:16 308:16
290:12,16,19,23	295:18	room 292:9	309:2,7,23,25
291:1,5,8,12,15	reviewing 388:23	321:21 403:20	310:7,15 320:11
296:5,12,19	rid 349:3	rooms 360:17	327:9 334:16,21
297:11,18,22	right 296:23 299:9	ropes 288:3 293:1	346:12,17 376:23
307:15 308:10,12	302:23 310:11	293:5	377:1,20,24 378:1
308:15,25 309:7	311:22 312:2	ropesgray.com	378:8,20 386:10
309:15 310:3,8	315:24 316:3	288:6,9	386:18 390:4,8
312:11,16,23	318:18,19 324:19	roughly 322:22	394:18 395:5
317:3,8 318:2	325:17 327:22,23		396:11

[sceptical - specifically]

Page 23

sceptical 352:10 352:14	394:9,11,12,17	signing 410:19	solutions 410:1 413:1
schock 287:17 292:21,21	self 298:24	similar 316:7	solving 372:19
schroeder 321:7	selling 385:19 398:4	simplest 371:24	somebody 319:24 323:5 347:8 355:20 394:2
scluff 287:6	sense 325:2,19 349:8 377:18	sincerely 410:21	somebody's 315:5
scott 286:19 289:4 292:1,6 366:25 371:8 383:1 397:6 403:8 408:9 410:8 411:4,9 412:4,13 413:20	separate 294:13 405:21	single 318:8 334:22 357:6 373:18	soon 375:20 sorry 295:23 306:24 316:4 346:22 347:18
se 394:16	september 338:20	sir 294:20 295:10 297:20 299:10	350:8 357:20 360:1 362:21 371:7 373:13
seal 394:15 409:6 411:15 412:21	series 304:19	300:2 302:10	sort 351:11 352:4 364:24 390:2
second 286:23 305:21 326:23 361:21 362:4 366:17 380:2	server 383:12	307:13 308:6,23	sounds 396:15
section 302:22 303:1 339:2,24 362:20 363:11 389:13 390:12	service 288:19 376:19	312:13 317:24 325:24 327:7	source 324:22
sections 316:10,15	services 287:11	334:3 337:10	south 287:18
security 301:14	293:14 376:4	350:24 360:17	spaeder 287:12 292:20
see 301:8 302:9 303:19 304:5,20 307:19 317:8,17 317:23 327:14 332:10 336:20 357:16 361:11 362:23 366:18,22 367:4,8,18 378:13 382:15 389:9 402:8	378:6	362:16,24 397:18 410:10	speak 294:17 295:2 309:17
seek 373:2,9	set 409:6	sit 360:17 381:20 399:25 401:8	343:22 354:25
seen 297:7 299:6 314:16 326:14 329:12 333:24 336:4 338:14 350:16 354:7	sgt 299:22 300:6 301:15 318:24	sitting 360:24	358:20 360:3
	320:3,5 345:23	situation 387:2	373:6 376:9
	shapira 288:20 293:13	six 306:6 352:13 352:23 392:21	387:19 405:17
	shapira.com 288:23	sixth 366:21	speaking 360:25 405:11
	sheet 323:10	skeptical 352:21	speaks 362:13 363:5 368:23
	324:19 331:1	skipped 306:24	specgx 288:2 293:2,6
	359:4 410:13	sky 401:9	specific 319:14,15
	412:7,10,18 413:1	slang 396:9	374:21 377:21
	sheets 324:10,13	sloppy 318:9,13	379:19 380:25
	325:4,6,8	slowly 324:24	391:17 394:23
	shot 382:8	small 313:18	395:6 401:15
	show 366:19	353:2,3 366:13	402:5 405:2
	397:24	smell 394:16	specifically 309:12 319:17 337:11
	shown 383:14	smells 394:14	
	410:16	snorted 334:4,13	
	signal 364:24	335:8 352:5,22	
	365:4,9,14	379:2	
	signature 407:5	social 301:14	
	409:13 410:14	sold 301:3 351:16	
	signed 411:13	397:20	
	412:18		

[specifically - taken]

Page 24

364:11 375:5 379:7 380:16 381:21 398:23 specifics 375:6 specified 408:21 spectra 351:3,15 speculate 349:6 speculation 342:11 363:13 364:1 368:11 370:7 374:19 375:3 380:22 397:13 400:12,17 402:19 403:2 406:3 spelling 321:3 spoke 294:25 323:14 spreadsheet 357:22 spreadsheets 316:7 ss 408:3 stack 319:14 staff 386:22 stamp 306:1 stamped 367:13 392:15 stand 299:11 324:3 stars 288:17 start 325:7 352:16 365:18,21,22 375:23 383:3 404:6,17 started 311:21,24 312:2,7,15,21 316:20 320:12 322:18,19 323:16 324:5,17,20 325:20 328:22	330:2,3 331:12,15 331:18,20 332:18 332:21 333:8 344:18 349:11 352:10,14 353:15 355:1 360:20 361:2 365:5,18 366:1 372:2,22 387:25 388:14 400:6,20,22 403:18 404:9 starting 298:2 312:22 368:18 starts 355:20 state 408:2,7 409:15 411:10 412:15 stated 336:19 statement 358:1 390:13 411:13,14 412:19,19 states 286:1 327:12 statute 292:2 stay 325:25 377:14 steady 356:23 stenotypy 408:14 step 380:7 384:9 400:2,8 stepped 395:13 sterling 287:4 292:11 410:5 steven 288:12 292:14 sticking 310:10 stop 305:20 400:22 story 327:20 328:17 352:25 straight 335:1 356:6	street 286:23 287:13,18 288:4 288:13,21 308:5 369:24 384:22 385:11 390:21 393:23 394:3 399:9 403:5 streets 372:4,13 399:4 strike 358:7 382:4 struck 294:4 stuff 330:20 405:3 subject 370:19 submit 305:4 submitted 305:6 subscribed 411:10 412:14 413:21 subset 385:3 substance 295:15 succeed 311:11,13 sudden 396:9 suicide 355:7,17 suite 287:13,22 410:2 superior 410:1 supervisor 297:12 318:6 320:5 supervisors 328:1 supplement 306:18 supplemental 306:20 supplied 340:8 supplies 301:11 supply 355:10 supposed 348:8 sure 292:11 301:16 314:18 316:18 321:5 322:20 334:15 341:23 361:17	369:11 373:9 374:2,4,13 383:24 389:3 400:19 surprise 324:1 survives 304:1 388:16 surviving 303:24 survivors 372:12 372:14 suspect 303:16,21 303:21 329:22,23 329:23 331:10 360:22 385:15,16 suspect's 332:4 suspects 400:24 swinkelman 288:15 sworn 292:3 408:10 411:10,13 412:14,18 413:21 synthetic 373:19 syringe 396:7 system 320:1 322:10
			t t 321:1 376:8 table 305:18 take 302:4 305:10 312:25 332:10 348:8 349:25 350:3 357:23 359:19 361:13 363:6 370:9 375:22 384:9 392:11 395:1 398:1 taken 286:22 293:24 305:13 353:1,12 370:15 379:12 386:24 408:20

[takes - transcript]

Page 25

takes	309:22 312:4	403:11 405:4	395:19	375:1 380:11
talk	303:2,13 311:5 331:8 352:5 360:1 393:22 399:23,25 401:8 405:18	testify 402:19 408:10 testimony 293:20 295:15 296:6 309:3 323:20	third 315:24 thirty 410:18 thought 351:2,10 351:10 352:4 thousand 320:19 400:3	382:23 383:4 384:5,20 today's 355:5 toe 343:16 344:7,9 344:13,14,15 345:1
talked	295:12 344:21 392:4 393:11 394:18	373:4,24 374:5 375:10 387:22 398:16,22 399:7	three 359:16 360:6 375:20	told 332:25 335:9 336:23 344:6 355:7
talking	297:17 316:4 324:7 360:18 370:23 395:19 401:4,20 402:7 403:23	399:20 400:13,18 402:5,7,11 403:3 403:16 404:4 405:9 408:12,17 411:6,7 412:6,9,12	thursday 339:6 342:1,4	tools 390:19 top 315:3 365:12 392:17
talks	367:3	text 396:7	ticket 306:3 355:11	topic 405:21 total 363:2
target	301:3	thank 292:8 297:3 315:9 331:6	tickets 392:19,20 tie 385:9 392:12	totally 360:4 398:7 398:9
taught	381:15,22	333:11 370:17	time 296:2 297:17 298:18,19,20,23	tower 288:4
team	340:18,20	371:11 403:6 406:19	299:3,24 302:3,20 303:19 308:24 309:6,9,13,13	tracing 393:9
tell	298:1 301:18 302:11 311:15 319:1 326:17 354:17 356:19 363:16 383:18 384:4 396:5 403:21	thing 359:22 364:23 369:11 373:18 379:25 383:9	311:12 332:4,5 334:22 341:7 343:23 352:9 359:9 361:13 372:6 376:1,5	track 390:20 tracker 383:9,18 384:6,11 385:22 389:5,7,19 390:11 390:17,25 391:6
telling	359:23	312:6 323:6	377:17,22 379:5	tracking 383:11 383:12
tells	357:21 396:11	343:11 348:25	382:13,15 387:1	trade 373:22
ten	295:4 333:6 381:16	352:8 358:21 364:25 370:25	387:19 396:2,5 403:12,20,23,24 408:20	trained 306:6 378:9 381:3,8,9
tend	347:9	371:2 399:15 401:24	timeframe 321:6 368:17,19	training 381:6
tended	352:14	think 298:15 311:12 319:5	times 300:11 301:22 339:25	transactions 346:18 393:7
tenth	288:13	320:14,18,21	353:7 359:16 363:3,8 364:19,20	transcribed
term	363:1	325:13 328:9	381:23 395:10	408:15 411:7
terminology	364:4 364:7	341:14 347:20,23 349:5 352:2,24 353:18 357:20,23	today 293:20 294:16 295:15,22 295:25 316:13 350:7 371:11	transcript 286:19 289:1 293:23 294:8 407:3,6,9,11 410:11,12 411:5 411:12 412:5,11 412:17
testified	296:3 308:24 310:22 323:15 371:12 375:7 376:21 378:21 380:8 387:24 401:14	359:24 365:12 366:20 370:10 374:16 382:22		

transcription	tuckerellis.com	unfair	403:25	veritext	410:1,7
408:16	287:24	uniform	377:3,4	413:1	
transcripts	turn	uniformed	377:19	veritext.com.	
295:18	366:12	381:20		410:17	
transformed	two	union	370:2	versus	379:12
332:24	298:16 304:16	unit	298:22 318:22	victim	296:24
transported	321:4 322:3 325:9	320:18 323:1	301:8,12 303:24		
299:19 300:21	325:10 340:7	324:24 361:1	307:20 327:1,17		
transporting	353:9 383:14	372:24 380:10,15	331:13 334:4		
378:15	397:5	380:18 391:21	336:22 339:23		
travels	type	404:8,9,21 405:5,6	340:13 343:22		
332:8	308:18 325:8	405:10,13	349:3 351:8,9,17		
treat	364:7,16,23	united	357:8 364:10		
315:16	379:18,21 380:1	286:1	victim's	301:13	
399:23	types	360:19			
treating	364:25	use	315:25 332:16		
401:4	373:19 392:24	304:17 305:8	385:23 386:5		
treatment	typically	365:1,15 373:1,2	388:25 391:1,13		
307:3,5	304:8	377:12 381:22,25	397:10		
372:17 375:8,23	306:5	385:23 386:5,25	victims	401:20	
375:25 376:4,9	typo	388:7 389:1	video	381:7,14	
384:23	u	390:20 391:1,13	views	402:23	
tried	u	392:24 393:4	vol	410:8 411:4,9	
344:22	321:3	395:16 405:6	412:4,13 413:20		
true	ulmer	user	volume	286:19	
309:5 333:3	286:23	374:12	voluminous		
408:16	ultimately	users	359:24 383:15		
trust	312:12	373:2 374:9	volunteered	379:5	
311:17 401:3	400:25 401:1	usually	397:25		
401:10	uncommon	300:4	w		
truth	303:24	377:1	w	286:23 288:11	
408:10,11,11	305:16	v			
truthful	undercover	286:14 410:6	vacant	397:23	
293:20	393:6	411:3 412:3	vague	waived	
351:25 352:25	undermine	301:23	347:3	410:19	
truthfulness	341:9	347:3	404:22	walgreen	370:1
356:1	underneath	300:3	vaguely	walk	395:17
try	300:3	331:5 355:12	351:7	403:20	
298:25 311:4,4	understand	297:22 318:25	valid	walmart	287:7
311:7,9,10,17,20		374:2,4 380:2	387:24	292:18	
311:23,25 326:20		383:8 384:10	392:16,17	want	311:5,17
352:7 365:24,24		385:5 399:3,25	ventura	326:20 332:1	
371:10 376:15		404:1	verbal	349:25 350:2	
387:18 388:16	understanding	356:11 360:12	391:4	352:6 359:20	
404:19		381:24 401:5	verify		
trying	understood	384:19	334:8 335:7		
312:5					
343:10 355:16					
371:23 380:1					
397:22 398:12					
400:14					
tucker					
287:21					
292:24					

[want - zuckerman.com]

Page 27

360:1 366:18	408:9,13,15,18	yorker 343:10
376:13 378:18	409:5 410:8,11	z
379:17,22 380:3	411:1,4,11 412:1,4	z 299:11
384:9 399:15,25	412:15	zip 392:10,12,17
400:2 401:1,1,2	witness's 407:2	394:8
wanted 372:12	witness' 410:14	zipp 288:11 293:7
washington	word 328:3 357:24	293:7 315:7,9
288:13	364:16,18	357:21
watched 381:5,14	words 364:6 365:3	zone 298:7,21
wax 392:14	365:8,13	299:12,13 375:22
way 347:24 348:2	work 369:1	zuckerman 287:12
359:25 361:18	worked 386:22	292:20
371:24 374:13	write 327:13	zuckerman.com
384:3 388:24	336:19 367:10	287:15
393:9 405:24	writing 313:18	
ways 400:7	written 346:10	
week 376:13	387:15 391:5	
weekends 358:20	404:15	
welcome 331:7	wrong 356:18	
wendy 286:25	382:21	
408:6 409:14	wrote 339:21	
went 323:22 335:1	y	
337:15,21 346:19	yeah 294:12 301:1	
359:13 367:11,14	303:3 314:2 339:3	
372:11 381:7	346:1,14 349:7	
whatnot 299:7	351:7 355:18	
320:1 323:13	361:25 363:16	
346:13 360:22	381:5,5,10 384:7	
whereof 409:5	388:2 394:11,11	
white 298:21	394:16	
343:15,25 344:1	year 293:24 321:7	
351:3,14,20	325:9,9 358:11	
whitesell 287:22	yearly 381:17	
292:23,23	years 305:25	
wife 348:21	325:9,10 333:6,7	
395:15,25	344:11	
winkelman 288:12	yelling 399:24	
292:14,14	yesterday 294:25	
withdraw 398:17	295:12	
witness 287:3	york 288:8	
363:15 366:20		

Federal Rules of Civil Procedure

Rule 30

(e) Review By the Witness; Changes.

(1) Review; Statement of Changes. On request by the deponent or a party before the deposition is completed, the deponent must be allowed 30 days after being notified by the officer that the transcript or recording is available in which:

(A) to review the transcript or recording; and

(B) if there are changes in form or substance, to sign a statement listing the changes and the reasons for making them.

(2) Changes Indicated in the Officer's Certificate. The officer must note in the certificate prescribed by Rule 30(f)(1) whether a review was requested and, if so, must attach any changes the deponent makes during the 30-day period.

DISCLAIMER: THE FOREGOING FEDERAL PROCEDURE RULES

ARE PROVIDED FOR INFORMATIONAL PURPOSES ONLY.

THE ABOVE RULES ARE CURRENT AS OF SEPTEMBER 1, 2016. PLEASE REFER TO THE APPLICABLE FEDERAL RULES OF CIVIL PROCEDURE FOR UP-TO-DATE INFORMATION.

VERITEXT LEGAL SOLUTIONS
COMPANY CERTIFICATE AND DISCLOSURE STATEMENT

Veritext Legal Solutions represents that the foregoing transcript is a true, correct and complete transcript of the colloquies, questions and answers as submitted by the court reporter. Veritext Legal Solutions further represents that the attached exhibits, if any, are true, correct and complete documents as submitted by the court reporter and/or attorneys in relation to this deposition and that the documents were processed in accordance with our litigation support and production standards.

Veritext Legal Solutions is committed to maintaining the confidentiality of client and witness information, in accordance with the regulations promulgated under the Health Insurance Portability and Accountability Act (HIPAA), as amended with respect to protected health information and the Gramm-Leach-Bliley Act, as amended, with respect to Personally Identifiable Information (PII). Physical transcripts and exhibits are managed under strict facility and personnel access controls. Electronic files of documents are stored in encrypted form and are transmitted in an encrypted fashion to authenticated parties who are permitted to access the material. Our data is hosted in a Tier 4 SSAE 16 certified facility.

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